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ABSTRACT

This training module focuses on early childhood and is part of a training series for paraprofessionals working with students who have disabilities. The module is comprised of two components, a facilitator's guide and a student guide. The facilitator's guide provides the full text of the student's edition as well as chapter goals to be accomplished by students, an outline of topics covered in each text section, materials necessary to teach each chapter (such as transparencies, handouts, and supplemental readings), discussion questions, suggested activities to be completed by students outside of class, and lists of resources (many in Minnesota). Individual chapters cover the following topics: (1) an introduction to early intervention and early education; (2) child development in the early years; (3) individualized planning for children with disabilities; (4) the paraprofessional in the classroom; and (5) the paraprofessional's role in working with families and the community. Seven appendices provide: information on the Americans with Disabilities Act and child care providers; developmental milestones from birth to age 9; a sample Individualized Education Plan form; a sample Individualized Family Service Plan form; summaries of articles on behavior management; a family needs survey form; and information from the Minnesota Paraprofessional Consortium. (Contains 29 references.) (DB)

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*Strategies for Paraprofessionals Who Support Individuals with Disabilities*

ED 438 652

# Early Childhood
# The Role of the Paraprofessional

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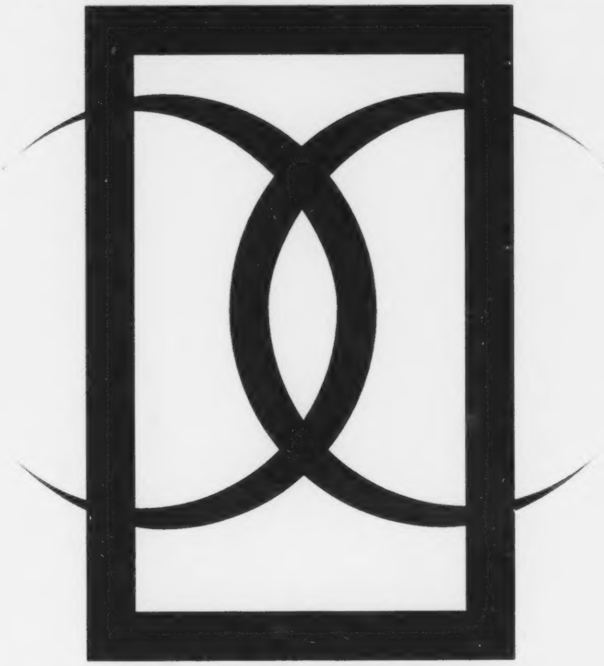
## Facilitator Edition

*Institute on **Community** Integration (UAP)*
The College of Education
& Human Development
UNIVERSITY OF MINNESOTA

EC 307674

*Strategies for Paraprofessionals Who Support Individuals with Disabilities*



# Early Childhood

# The Role of the Paraprofessional

## Facilitator Edition

*Institute on Community Integration (UAP)*
The College of Education
& Human Development
UNIVERSITY OF MINNESOTA

The paraprofessional training module *Early Childhood: The Role of the Paraprofessional* was prepared at the Institute on Community Integration (UAP), College of Education and Human Development, University of Minnesota.

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# Facilitator's Outline

# *About the Facilitator's Outline*

This training module contains a facilitator's outline designed to assist instructors as they plan and prepare to teach the material contained in this module. The outline provides overviews of each chapter which include:

- Chapter goals to be accomplished by students.
- Topics to be covered in each section.
- Discussion questions to facilitate lectures and discussions and activities to be completed by students both in and out of class.

These items are the same as those appearing in the outside margins of the facilitator's edition of this module. The discussion and activity notes, and answers to activity questions, appear in the facilitator's edition only – they do not appear in the students' edition. The text, however, is the same in both. In some cases, the discussions and activities may have been abbreviated in this outline, but provide the same basic information as it appears within the context of the chapter.

This outline can be used when planning lessons. It's a good idea to read through the outline before using it for instruction in order to know what to expect and get a better sense of how the material is tied together.

The content of this module is based on a training series piloted in 1994 by Hutchinson Technical College in Hutchinson, Minnesota. Because of this, many references are specific to Minnesota's school and social service systems. We encourage instructors located in other states to replace the Minnesota-specific information with information more relevant to their state. We hope that facilitators will add their own experiences and stories to make this material "come alive."

# Chapter 1

# *An Introduction to Early Intervention & Early Education*

## Chapter Goals

Upon completing this chapter, students should be able to:

- Demonstrate an understanding of the basics of early intervention and early education.
- Recognize the legal history and characteristics associated with early intervention and early education.
- Clarify the roles and responsibilities of a paraprofessional working in an early childhood program.

### Necessary Materials

- Transparency 1.1
- Overhead projector

## Section 1: Fundamentals of Early Intervention & Early Education Programs

### Topics Covered

- The family is a mobile.
- Families develop patterns of interaction.
- Beliefs influence others' behavior.
- Families are part of a larger ecology.

### Activity 1

Make a table to compare the differences and similarities between the goals for early intervention versus special education for school-aged children and adults.

Discuss the assumptions and goals for early intervention. Ask questions such as, "Do you think these goals are as important for older children, why or why not?" and "Do you think that it's important to begin intervention as early as possible? Why or why not?" The assumptions talk about children being "at-risk" for developmental delays.

Many children who are at-risk are currently not eligible for special education services. However, understanding the needs of children at-risk is important. Ask participants to think of conditions that may make children at-risk for disabilities. "At-risk" may refer to children who have some sort of physical condition, such as low-birth weight, complications at birth, and early medical problems such as ear infections or high fever. Poverty, single parenthood, teenage parents, and ethnicity aren't "risk" factors.

**Discussion 1**

What individuals do you feel have had a significant influence on your life?

**Activity 2**

Using Transparency 1.1, show an example of a family mobile illustrating the members of a family and their relationships.

**Discussion 2**

What are some possible influences on a child at each level of the systems theory?

## Section 2: Legal Foundations of Early Intervention & Early Childhood Education

**Topics Covered**

- Education for All Handicapped Children Act: P.L. 94-142
- P.L. 99-457 and Part H Amendments
- Array of services

**Discussion 1**

What are some principles of family-focused, multi-disciplinary, and coordinated services?

## Section 3: Roles & Responsibilities

**Topics Covered**

- Core competencies of a paraprofessional.
- Roles of teachers versus roles of paraprofessionals in home-based and center-based programs

**Discussion 1**

Have you ever been put in an inappropriate situation in a work setting? What are some alternative ways the situation could have been handled?

**Activity 1**

Encourage participants to respond individually to the described situations, and then ask them to share their responses in a large group or several small groups.

# Chapter 2

# *Child Development in the Early Years*

## Chapter Goals

Upon completing this chapter, students should be able to:

- Demonstrate a broad base of knowledge of principles of child development.
- Recognize the characteristics of the developmental domains: motor, cognitive, social-emotional, and communication.

### Necessary Materials

- Transparencies 2.1, 2.2, 2.3, and 2.4
- Overhead projector
- Blackboard or other large writing space

## Section 1: Basic Principles of Child Development

### Topics Covered

- Development is a continuous phenomenon
- Cumulative and directional aspects of change
- Qualitative vs. quantitative change
- Complexity, differentiation, and coordination
- Development occurs in stages
- Change results from interactions between biology and environment
- Children are active learners
- Individual differences

### Discussion 1

What are some examples of the principles of child development you have seen in your own experiences?

**Activity 1**

After discussing the principles of development, show Transparency 2.1. Ask participants to react to the statement "All people are capable of growth and development." In particular, ask them: "Why is this statement important to people with disabilities? Why is this statement important in the support of inclusion of children in the setting with their peers without disabilities?" Finally, discuss the impact that environmental factors, such as poverty, have on development of a child. Ask, "What are some of the factors that might speed up or slow down development?" Make sure that its understood that all children will grow and develop, despite some of these factors.

## Section 2: Developmental Domains

**Topics Covered**

- Motor development
- Cognitive development
- Stages of cognitive development
- Language development
- Social-emotional development
- Play and social development

**Discussion 1**

What are some examples of developmental domains which are interrelated? How are these domains expressed with the different ages of children?

**Discussion 2**

Read Piaget's theory of cognitive development. How can cognitive development affect behavior? What are some examples of "faulty reasoning" that children in the pre-operational stage use?

**Discussion 3**

What adult behaviors can encourage positive self-esteem? What behaviors can lead to negative self-esteem?

**Discussion 4**

What are some behaviors which fall within each developmental domain? Which behaviors involve several domains? Which behaviors are specific to a particular domain?

# Chapter 3

# *Individualized Planning for Children with Disabilities*

## Chapter Goals

Upon completing this chapter, students will be able to:

- Demonstrate a basic understanding of the components of the IEP and the IFSP.
- Understand the connection between assessment and intervention in early childhood education.
- Gather the correct information needed to identify goals and to provide individualized instruction.

### Necessary Materials

- No materials are needed for this chapter.

## Section 1: Individualized Education Plans

### Topics Covered

- Components of the Individualized Family Service Plan (IFSP)
- Components of the Individualized Education Plan (IEP)
- The role of the paraprofessional

### Discussion 1

What experiences have you had being involved in the IEP or IFSP process?

### Activity 1

Direct students to, with their supervisory teacher, walk through the process used in developing an IEP and an IFSP. If they're not in a paraprofessional position now, help them find a setting in which they can observe. In small groups, compile the steps, and write the entire process. Discuss strengths and weaknesses of the paraprofessional's role in the process as a whole.

## Section 2: Assessment of the Child & Family

### Topics Covered

- Purposes of assessment
- Standardized tests
- Family-focused assessment

**Discussion 1**

What are some strengths and limitations of assessing young children?

**Activity 1**

In a partner situation, have students practice completing an interview with one parent using the questionaires provided.

## Section 3: Developing Goals & Objectives

**Topics Covered**

- Long-term goals
- Short-term objectives

**Discussion 1**

What are some of the possible differences between long-term goals and short-term objectives?

**Activity 1**

Have students complete the exercise in recognizing components of instructional objectives. Review answers aloud.

**Activity 2**

Have students complete the exercise in writing appropriate instructional objectives. Review and discuss answers aloud.

# Chapter 4

# *In the Classroom*

## Chapter Goals

Upon completing this chapter, students will be able to:

- Demonstrate developmentally appropriate practices as it related to early childhood special education.
- Utilize teaching techniques that may be used by paraprofessionals across a broad range of settings.
- Demonstrate a working understanding of observational data collection and record keeping.

**Necessary Materials**

- No materials are needed for this chapter.

## Section 1: Developmentally Appropriate Practice

### Topics Covered

- Age appropriateness
- Individual appropriateness
- Guidelines for developmentally appropriate practice
- The curriculum
- Relations between the home and the program
- Adult-child interaction

### Discussion 1

What are some examples of appropriate communication techniques to encourage children to make choices, to talk about feelings, to resolve conflicts, etc.?

### Activity 1

Have students complete the exercise *Recognizing Developmentally Appropriate Practice* in pairs, then discuss responses in a large group.

## Section 2: Roles in the Classroom

### Topics Covered

- Observer
- Stage manager
- Participant
- Instructor

### Discussion 1

What are some examples of the roles that paraprofessionals take in the classroom?

### Activity 1

Have students in the class conduct an observation of the teacher's behaviors in an early childhood setting. Ask them to record examples in the spaces and be prepared to share them in the following class session.

## Section 3: Instructional Techniques

### Topics Covered

- Naturalistic techniques
- Forgetfulness
- Visible but unreachable

- Violation of expectations
- Piece by piece
- Assistance
- Delay
- Questioning/prompting/modeling
- Behavior management
- Reinforcement
- Ignoring
- Proximal praise

**Discussion 1**

Have any of you seen or used any naturalistic instructional techniques in your work setting? If so, share what you've seen.

**Activity 1**

Create a "Praise List" in small groups. Use social reinforcers, not material items (ice cream, candy, stickers, etc.). For example: Verbal: "super!"; Gestural: thumbs-up; Other: opportunity to choose an activity.

## Section 4:~Monitoring Children's Progress

**Topics Covered**

- Collecting data
- Identifying current level of performance
- Determining effectiveness of instruction
- Communicating about a child's progress
- Demonstrating accountability
- Validity and reliability
- Narrative description
- Time sampling
- Event sampling
- Anecdotal records
- Frequency counts and duration records
- Checklists

**Discussion 1**

Why is collecting data important? What are some techniques you have used that would be helpful in an early childhood program?

**Activity 1**

Ask students to utilize the data collection techniques in an early childhood setting. Be sure they understand the purpose of measuring behavior. Remind them not to provide any identifying information about a child when sharing observation results. Observation of children should not occur in classroom settings unless a parent or teacher gives consent for the observer to be there.

**Activity 2**

Ask students to divide into small groups, read the two anecdotes, circle words that describe observable, countable behaviors, and underline words that describe behaviors that aren't observable or measurable. Regroup and discuss.

**Activity 3**

Assign students to complete the motor checklist by observing a child. The motor checklist is more appropriate for someone who knows the particular child well and has had several opportunities to observe the child. If a participant does not have an opportunity for continued contact with a child, they may ask a teacher or parent to complete the checklist. Teachers may also be able to show students a variety of other checklists.

**Activity 4**

Ask students to talk with a classroom teacher about the teacher's preferred method of data collection and ask to see examples of forms used in the classroom.

# Chapter 5
# *Families*

## Chapter Goals

Upon completing this chapter, students will be able to:

- Provide a definition of "family."
- Describe methods to "empower" families to better meet their needs and the need of their children with disabilities.

### Necessary Materials

- No materials are needed for this chapter.

## Section 1: Working with Families

### Topics Covered

- Empowering families
- Your role as a paraprofessional
- Providing information

**Discussion 1**

What are some of your own definitions of family?

**Activity 1**

Develop a working definition for "family" together as a class using the definition provided as a guideline.

**Activity 2**

Have students turn to Appendix F to look at the *Family Needs Survey*. Review each section of the survey to give students an idea of the range of services that families may be provided through early intervention programs. Ask students to survey a family as an assignment, or you may have students pair up and role play using the survey. Have students brainstorm ways that they may help families meet their needs through their role as a paraprofessional.

## Section 2: Developing Cross-Cultural Competence

### Topics Covered

- Developing self-awareness
- Culture-specific awareness and understanding
- Cross-cultural communication
- Characteristics of effective cross-cultural communicators

**Discussion 1**

What are some of the similarities and differences between people around you?

**Activity 1**

Have students answer questions on their own and bring them to the group for discussion.

**Discussion 2**

What are some experiences you have had when communication was difficult because of language barriers, cultural differences, alternative modes of communication, etc.? What did you find especially challenging in communicating with the individual? What did you do to resolve some of the difficulties? What would you have done differently?

## Section 3: Community Integration

**Topics Covered**

- Types of integrated settings
- Reverse mainstreaming
- Community-based intervention

**Discussion 1**

What are some possible benefits of full participation in the community for individuals with disabilities?

**Activity 1**

Ask students to read each of the situations. Decide if the situations reflect community-based integration. If it does not, tell how the situation could be corrected.

## Section 4: Your Role in Community Integration

**Discussion 1**

How do paraprofessionals play a crucial part in the integration of children with disabilities into our community?

**Activity 1**

Ask students to explore their attitudes about inclusion through completing the questions and discussing them as a class.

# Introduction

# *An Introduction to the Curriculum*

The need for paraprofessionals to work with persons who have disabilities has been growing in recent years. Increasing numbers of persons with a range of disabilities are now living in small residential settings in our communities, attending regular classes in neighborhood schools, holding jobs in local businesses, and participating in community recreation and social activities. There is a great need for paraprofessionals to provide the services and supports these individuals need for community living.

By employing paraprofessionals, educational and other services for persons with disabilities are able to expand and improve the quality of assistance they provide. Some of the benefits paraprofessionals offer schools, agencies, and individuals with disabilities are the following:

- Expanded learning opportunities for persons with disabilities.
- More individualized instruction.
- Increased planning time for educators, supervisors, and others.
- Better monitoring and evaluation of persons with disabilities.
- Greater consistency in services.
- Improved parent-school relationships.
- Greater involvement of persons with disabilities in education and other settings in the community at large.
- Increased transportation assistance for individuals with disabilities.
- Expanded vocational skill development for individuals with disabilities.

### To the Facilitator

Be sure to have current state legislation, definitions, and guidelines to share with participants. They should be familiar with the resources existing to support their work.

## The Role of Today's Paraprofessional

Paraprofessionals who work with individuals with disabilities have a variety of roles and definitions, depending on the environment in which they work. For example, one definition of educational paraprofessionals includes the following:

A paraprofessional is an employee:

- Whose position is either instructional in nature or who delivers other direct services to individuals and/or their parents.
- Who works under the supervision of a professional staff member who is responsible for the overall management of the program area including the design, implementation and evaluation of instructional programs and the individual's progress.

Paraprofessionals provide services in the following areas:

- Educational programs
- Physical therapy
- Occupational therapy
- Speech therapy
- Recreation programs
- Early intervention and preschool programs
- Social work/case management
- Parent training/child-find programs
- Vocational training programs and job coaching
- Community programs
- Transition and school-to-work

**Activity 1**

Have students get in groups to discuss their experiences in paraprofessional roles and the changes they have seen. Those students who haven't worked as paraprofessionals can share their beliefs about para roles. Organizing the groups to include both types of participants will increase understanding of the type of roles paraprofessionals have.

Paraprofessionals are typically different from professionals in the amount of education, certification required for the job, degree of responsibility, and extent of supervision required.

Because the support of paraprofessionals is so essential to the success of individuals with disabilities, this module is dedicated to improving and enhancing skills for paraprofessionals.

Information in *The Role of Today's Paraprofessional* adapted from: Pickett, A.L. (1997). Paraeducators in school settings: Framing the issues. In Pickett, A.L. & Gerlach, K. (Eds.) *Supervising paraeducators in school settings: A team approach* (page 4). Austin, TX: PRO-ED. Copyright 1997 by PRO-ED, Inc. Adapted and reprinted by permission.

## About the Module

Whether you have years of experience working with persons who have disabilities or are just beginning, there are probably many questions you have about the role of a paraprofessional. Some concerns and questions will be very specific to your work setting, while others will be more general. This module will cover both.

This curriculum is primarily for paraprofessionals who are (or will be) working in educational settings (i.e., special and general education). It will, however, also be useful for those in direct service settings, such as vocational programs and residential settings.

The training you are about to begin will not only address the current reality for paraprofessionals working with individuals with disabilities, but more importantly, the challenges for the future in your career as a paraprofessional. Paraprofessionals aren't expected to have a total understanding of all the concepts in these modules, but the paraprofessional who has a working knowledge of these core concepts will be most effective.

## Philosophy & Key Beliefs

This module was developed using a general philosophy including six key beliefs for paraprofessionals working with individuals with disabilities. Those beliefs include:

- The individual with a disability is the ultimate locus of control and is the most important member in the decision-making process.
- The family is the other primary locus of control. Family involvement is essential in any decision-making process.
- The team concept is essential in setting up a plan with an individual. This team includes the individual, the family, and all those working with the individual, including the paraprofessional. The paraprofessional is an essential link between what is and what can be for the individual. The best follow-through on any plan comes from teamwork.
- The community should be the basis for all training, as much as possible. This means that, whether offering real-life examples in the classroom or working in real life situations in the community, the focus must be on the most natural setting and support possible. This is essential so the individual can make connections between what is being learned on a daily basis and the real world. This will help the individual generalize the experience to similar situations in his or her life.
- Inclusion is the goal. This means that individuals with disabilities should be included in the mainstream of society – work, school, and recreation. Devotion to such a model will create the most positive results for the individuals and society as a whole. Inclusion suggests that we can and will all benefit by learning to work and live side by side with each other.
- The most effective paraprofessional will be the individual who has a good self-esteem and is able to be assertive. The assertive paraprofessional is able to ask for support and guidance from staff.

## Minnesota Paraprofessional Consortium

The Minnesota Paraprofessional Consortium has recently developed and published some important information related to paraprofessionals, including new legislation, guiding principles, and core and specialized competencies. This information can be found in Appendix G at the back of this module. While some of the information is specific to Minnesota, much of it is applicable to paraprofessionals across the country.

**Discussion 1**

Review with students the information from the Minnesota Paraprofessional Consortium, found in Appendix G. Be sure to discuss the new core competencies and how paraprofessionals can incorporate them into their daily work lives.

## After the Training

You will leave this training with more information about paraprofessionals than you had when you started. It's important to remember that no matter how much knowledge you have about your job, the individuals you work with are your greatest trainers. Each one is unique and has his or her own interests and needs. The greatest responsibility you have is to listen to those interests and needs, remember what you have learned, ask what is needed, and use that information in your working relationship and responsibilities.

Therefore, use this training as a basis and build your skills from this point, drawing upon each setting and individual. Whether consumer, student, teacher, supervisor, principal, director, or superintendent, you will learn from each. With each setting and situation, your confidence, ability, and skills will continue to grow. Remember, this training is only as good as the degree to which you use what you learn; seek assistance so you can "do what you know."

# 1

## *Chapter One*

# An Introduction to Early Intervention & Early Education

*1* **Introduction**

*2* **Section 1 Fundamentals of Early Intervention & Early Education Programs**

*5* **Section 2 Legal Foundations of Early Intervention & Early Childhood Education**

*8* **Section 3 Roles & Responsibilities**

*12* **Summary**

*12* **Questions to Ponder**

# Introduction

The terms *early intervention* and *early childhood special education* refer to services for young children who have disabilities or who are "at risk" for disabilities. Early intervention refers to education for infants and toddlers (birth through two years), while early childhood special education is for preschool children aged three to five. In terms of special education, this is a relatively new and rapidly growing field. Early intervention differs from working with school-aged students or adults with disabilities in numerous ways. The emphasis is on the family and the unique characteristics of young children. Children in particular must be viewed in relation to the family because of their dependence on adults to provide their primary care needs. Young children who are eligible for special education may have a broad range of disabilities and needs which all require individualized instruction and care.

In order to meet the needs of families and children with special needs, paraprofessionals who are employed in early intervention services need training in the fundamentals of early intervention, child development, assessment, instruction, and observation. Obtaining specific skills to work with families and children from diverse backgrounds is crucial for competent service providers. This module is designed to help prepare paraprofessionals for a variety of roles in the field of early intervention.

There are several critical elements of service delivery in conjunction with educational programs for individuals with disabilities: two of these are federal funding and policy. The Individuals with Disabilities Education Act (IDEA) is the comprehensive law which outlines federal policy concerning the education of and early intervention for infants, toddlers, children, and youth with disabilities. IDEA is made up of the Education for All Handicapped Children Act (otherwise known as P.L. 94-142), the 1986 amendments to the act which support early intervention services (P.L. 99-457), and P.L. 101-476, which supports the inclusion of transition services. In 1997, IDEA was reauthorized under P.L. 105-17, which introduced significant improvements in the way parents, teachers, and adminstrators are able to approach quality education and early intervention services for children with disabilities.

Paraprofessionals play a major role in helping children and families reach their goals. They do this by being familiar with the basic principles of early intervention and by being aware of their own roles and responsibilities in the classroom and as home-visitors.

Upon completing this chapter, you should be able to:

- Demonstrate an understanding of the basics of early intervention and early education.
- Recognize the legal history and characteristics associated with early intervention and early education.

- Clarify the roles and responsibilities of a paraprofessional working in an early childhood program.

## Section 1

# *Fundamentals of Early Intervention & Early Education Programs*

### What is Early Intervention?

Early intervention is a general term used to describe a variety of special services provided to infants and young children (0-6) with disabilities and their families. The services may include home visits, speech and language therapy, physical therapy, occupational therapy, special education services provided at a community preschool, Head Start, a specialized early childhood special education classroom, support provided to the family, respite care, and special equipment. These early intervention services have been a mandated program in the Individuals with Disabilities Act since 1986.

### Why is Early Intervention Necessary?

Early intervention is necessary because it has the potential to make a significant difference in the developmental course of young children with disabilities. The early years offer a window of opportunity to affect a child's communication, cognitive, motor, social, and adaptive skills. By intervening early, the effect of the disability may be lessened, characteristics of disability may be prevented, and likelihood of success may be maximized. In addition, families of children with special needs often experience unique challenges and stress. Therefore, it is critical that early intervention services include support and resources for families early, before the challenges and stress become overwhelming.

### Goals for Early Intervention

While the overall purpose of early intervention is to enhance the lives of infants and young children with disabilities and their families, the goals of early intervention are individualized to meet each child and family's unique needs. Nonetheless, the specific goals of early intervention are outlined in P. L. 99-457. They are:

- To enhance the development of infants and toddlers with disabilities and minimize their potential for developmental delay.

**Activity 1**

Make a table on a separate sheet to compare the differences and similarities between the goals for early intervention versus special education for school-aged children and adults. Discuss the assumptions and goals for early intervention. Ask questions such as, "Do you think these goals are as important for older children, why or why not?" and "Do you think that it's important to begin intervention as early as possible? Why or why not?" The assumptions talk about children being "at-risk" for developmental delays. Many children who are at- risk are currently not eligible for special education services. However, understanding the needs of children "at-risk" is important. Ask participants to think of conditions that may make children at-risk for disabilities. "At-risk" may refer to children who have some sort of physical condition, such as low-birth weight, complications at birth, and early medical problems such as ear infections or high fever. Poverty, single parenthood, teenage parents, and ethnicity aren't "risk" factors.

- To reduce the educational costs to society, including schools, by minimizing the need for special education and related services after infants and young children reach school age.
- To minimize the likelihood of institutionalization of individuals with disabilities and maximize the potential for their independence
- To enhance the capacity of families to meet the special needs of their children

From P. L. 99-457, 1986, Sec. 671

## Systems Theory

The goals for early intervention listed above recognize it's impossible to separate children from the context of the family, the community, and the society as a whole. Children are an integrated part of everyday life. This integration can be seen by utilizing the *systems theory*. The systems theory applied to the family helps us to understand several things. First, we can see how the various individuals function within a family. Second, we can observe how the family interacts with individuals and outside agencies. It's crucial that we understand the systems of each family so we can provide the most beneficial services. The following are the basic principles of the systems theory:

### The Family is a Mobile

A mobile is a collection of objects that are in constant motion within a framework. A family is the most versatile, ever-changing mobile that ever existed – it's a living mobile, made up of human personalities. When one part of the "mobile" changes, the movement is seen throughout the entire family. Because people are always growing and changing, the family mobile must change to adapt to the needs of individual family members. The ability of the family to make the necessary adaptations is very important for overall family health.

### Families Develop Patterns of Interaction

Families develop and maintain dozens of patterns, including mealtime activities, holiday rituals, ways to manage feelings, and ways of dealing with people or agencies outside of the family system. This pattern is often described as the family "dance." Individuals in the family learn the steps involved, and move together in harmony. Many times, the birth of child, with or without disabilities, changes the steps in the family dance. Families may need help to adjust to changes and to begin "dancing" together again.

### Beliefs Influence Others' Behavior

Families often have a set of beliefs that are passed on to children. These beliefs may relate to how the family views the world

### Discussion 1

What individuals do you feel have had a significant influence on your life?

**Show Transparency 1.1**

### Activity 2

Use Transparency 1.1 as an example of a family mobile. Explain that the circles represent people in a family and their relationships. The double lines show strong or close relationships, and the single lines show weaker or more distant bonds. Invite participants to draw their own mobiles.

they live in. For instance, the world may be perceived as dangerous or safe, predictable or unpredictable. People outside the family, such as early interventionists, may be trusted or mistrusted. These belief systems often cut across generations and may affect child-rearing practices and child behavior. For instance, some families may value independence in their children, while others may want all the family members to stick close together. These belief systems will have a powerful effect on the family's relationships with early care providers.

**Discussion 2**

What are some possible influences on a child at each level of the systems theory?

### Families are Part of a Larger Ecology

To truly understand children, we have to take a look at their *ecology*. Ecology means the interactions between individuals and their environment. The ecology of a child includes the influences of culture and society, places, materials, and people inside and outside of the family. There are different levels of influences on the child. These are called the *microsystem*, the *mesosystem*, the *exosystem*, and the *macrosystem*.

A *microsystem* is a setting in which the infant or preschooler spends a significant portion of time. Examples are the home or family, child-care center, family daycare home, or hospital.

*Mesosystem* refers to the interrelationships among the micro-systems of which the child is a part at a particular point in his or her life. The mesosystem is made up of relationships between the child's parents (or primary caregivers) and physicians, teachers, or therapists. It also includes relationships between professionals who work with the family.

The *exosystem* is composed of the concrete social structures that influence the activities of the microsystem. This may include local, state, and federal agencies, neighborhood and community organizations, transportation systems, media, churches, and public health and school systems.

The *macrosystem* is the cultural, legislative, and judicial context in which the micro-, macro-, and exosystems operate. It includes legislation, prevailing social attitudes, and ethical or moral principles and issues.

It's clear from these descriptions of the family and the ecological system that early childhood care providers influence the life of a child on many levels. Paraprofessionals become an additional system with the family and may have an impact on the child through providing direct care, communicating with parents and other care providers, becoming involved in their own or the child's community, by advocating for children, being familiar with special education legislation, and approaching their work with an understanding of the family's ecological system.

Material in *Families are Part of a Larger Ecology* adapted with permission from Bronfenbrenner, U. (1977). Toward an experimental ecology of human development. *American Psychologist 32* (7), 513-529.

## Section 2

# *Legal Foundations of Early Intervention & Early Childhood Education*

### Education for All Handicapped Children Act: PL 94-142

The Education for All Handicapped Children Act was passed in 1975 and guaranteed school-aged children with disabilities the following:

- The right to a free, appropriate public education regardless of the type and severity of their disabilities.
- The right to an individualized and appropriate education through Individualized Education Plans (IEPs).
- The right to assessment for classification and placement that is free of bias and conducted only with parental notification and consent.
- The right to placement in the least restrictive environment. Children with disabilities must be placed, to the maximum extent possible, in regular education settings with their peers without disabilities.
- Parents have a right to procedural due process. They may question and challenge actions by the school concerning their child with disabilities. Parents are to be involved in planning and developing their children's educational programs.

### P.L. 99-457 *&* Part H Amendments

People working with infants, toddlers, preschoolers, and their families are most affected by P.L. 99-457 and Part H Amendments because it extended the rights in P.L. 94-142 to children aged three to five. In addition, Part H is the legislation that set forth the criteria for the provision of early intervention services for infants and toddlers.

The services outlined in this legislation were created with several purposes in mind. The goals of early intervention are to enhance the development of infants and toddlers with disabilities and to minimize the potential for developmental delays. By providing intervention when children are young, the need for special education services for school-aged students may be reduced, which in turn may cut the educational costs to society. Finally, early intervention is believed to maximize the potential for individuals to live independently in society and enhance the capacity of families to meet the needs of their children with disabilities.

**Discussion 1**

What are some principles of family-focused, multi-disciplinary, and coordinated services?

Along with all of the rights provided through PL 94-142, Part H gives incentives to states to provide services to infants and toddlers (birth through two years of age) who have disabilities. Those services are:

- **Family-focused:** The needs of the family, not just the child, are considered. Family functioning is critical to the successful development of the child. Therefore family needs are assessed and addressed in the Individualized Family Service Plan (IFSP).
- **Multi-disciplinary:** This means that two or more disciplines or professions are involved in evaluation and assessment activities and development of the IFSP. Personnel involved may come from health, education, and community services.
- **Coordinated:** Families are provided the services of a service coordinator who is responsible for coordinating all services across agency lines and serving as the main point of contact in helping parents to obtain the services and assistance they need. Parents may also choose to act as their own service coordinators.

To help states achieve these family-focused, coordinated service delivery systems, the law calls for the development of state Interagency Coordinating Councils. These councils are made up of parents of infants, toddlers, or preschoolers with disabilities, public and private early intervention service providers, representatives from the state legislatures, individuals involved in personnel preparation, and members from agencies involved in early intervention services. These councils advise and assist the lead agency to make decisions regarding early intervention services. In Minnesota, the Department of Children, Families, and Learning is the lead agency.

## Array of Services

Service providers and paraprofessionals who are involved in the early stages of intervention are likely to work in a variety of settings. This is primarily due to the family-centered, multi-disciplinary care needed by the individuals involved. Common work settings for paraprofessionals in early childhood programs are center-based programs, home-based programs, or a combination of both.

### Center-Based Programs

Preschool children with disabilities most often receive services in center-based programs. Center-based programs may be segregated, meaning only children with disabilities are in the classroom, or the may be integrated, where children with and without disabilities are taught in the same classroom. In these programs, children typically spend three to six hours a day engaged in a variety of play, instructional, and therapeutic activities. The services are usually very child-focused. Some center-based programs offer a range of family services and supports. Parents are encouraged to become involved in their child's program by observing and participating in activities and attending parent training sessions which will help them to teach their child skills at home. Center-based programs help prepare children with disabilities to enter kindergarten in regular education classrooms by providing them with opportunities to learn class routines and interact with other children.

### Home-Based Programs

Under this model, services are provided in the child's home. Staff may visit the home anywhere from once a month to two or three times a week. Most home-based programs serve children under the age of thirty-six months. Because of the relatively small amount of direct contact with children, home-based programs usually focus on working with parents. Professionals concentrate on providing parents with information about how to teach or play with their children. Some programs view the professional's role as one of providing family support. Home-based programs help children remain in their natural settings, and they may be more responsive to family needs. However, as children get older, they may benefit from some participation in center-based programs.

### Other Settings

Many paraprofessionals work in settings other than homes or early childhood special education classrooms. Paraprofessionals often accompany children with disabilities into community-based programs or classrooms such as Head Start, where they're integrated with their peers without disabilities. Paraprofessionals may also work in Early Childhood Family Education (ECFE) programs. These programs provide a variety of services to families of children between birth and kindergarten with a focus on parent and family education. Children don't need to have developmental delays to be involved in this program.

Some paraprofessionals may be employed in hospital settings, where children who are chronically ill are provided many of their early intervention settings. Others may also be involved with social work and case management, parent training and child-find programs, as well as physical, speech, or occupational therapy programs.

## Section 3

# *Roles & Responsibilities*

**Discussion 1**

Have you ever been put in an inappropriate situation in a work setting? What are some alternative ways the situation could have been handled?

Paraprofessionals working in education and related services for children and youth with special needs will demonstrate:

- An understanding of the value of serving children and youth with disabilities in integrated settings.
- An understanding of differentiated staffing patterns and the distinctions among the roles and responsibilities of professional and paraprofessional personnel.
- An ability to communicate with colleagues, follow instructions, and use problem solving and other skills that will enable them to work as effective members of the instructional team.
- A knowledge of the legal and human rights of children and youth with special needs and their families.
- An ability to practice ethical and professional standards of conduct established by the agency where they're employed.
- A sensitivity to diversity in cultural heritages, lifestyles, and value systems among the children, youth, and families they serve.
- A knowledge of patterns of human development and milestones typically achieved at different ages and risk factors that may prohibit or impede typical development.
- An ability to motivate and assist children and youth with disabilities to build self-esteem; develop interpersonal skills that will help them avoid isolation in different learning and living environments; and strengthen skills to become more independent by monitoring and controlling their behavior.
- An ability to follow health, safety, and emergency procedures developed by the agency where they're employed.
- An ability to use assistive technology and adaptive equipment and provide any required special care or physical assistance (e.g., positioning, transferring, and feeding).
- A knowledge of use or need for appropriate interventions.

Paraprofessionals and teachers often work in the same environment, yet their responsibilities are quite different.

### Roles of Teachers

- Assessing the developmental levels of children.
- Consulting with professional colleagues and participating in the preparation of individual family service plans and individual education plans.
- Developing instructional objectives for individual children.

- Implementing the instructional program along with paraprofessionals and other professional personnel.
- Evaluating the effectiveness of the program.
- Involving parents in all aspects of their child's education.
- Coordinating and supervising the work of paraprofessionals and other support staff.

## Roles of Paraprofessionals in Home-Based Programs

- Collecting and charting data about a child's developmental level during home visits.
- Participating as a member of the IFSP team responsible for developing service plans and education objectives for parents and their children.
- Listening and communicating with parents in order to gather information the service delivery team can build on to meet the needs of the child and family.
- Having a knowledge of health care providers, social services, education agencies, and other support systems available in the community to assist parents and their child; and an ability to support parents and provide them with the skills and information they require to gain access to these services.
- Enhancing parent interactions with their child by using or demonstrating effective techniques and materials to stimulate cognitive, physical, social, and language development.

## Roles of Paraprofessionals in Center-Based Programs

- Using developmentally appropriate instructional interventions for curriculum activities in the areas of cognitive, motor, self-help, social/play and language development for infants and young children up to age five.
- Having the ability to gather information about the performance of individual children and their behaviors; and share it with professional colleagues.
- Organizing learning centers and preparing and using developmentally appropriate materials.
- Communicating and working effectively with parents and other primary caregivers under the direction of the teacher.
- Understanding behavior and instructional interventions.
- Maintaining healthy environments.
- Attending IFSP/IEP meetings at the request of the teacher or administrative personnel.

These roles and responsibilities provide the outline for this training module. The rest of the module will focus on the information that paraprofessionals will need in order to fulfill their responsibilities within a variety of settings.

**Activity 1**

Encourage participants to respond individually to the described situations, and then ask them to share their responses in a large group or several small groups.

## Roles & Responsibilities Exercise

These are descriptions of situations an instructional team might encounter in its day-to-day work listed below. Check *A* if you think the activity is an appropriate duty for a paraprofessional. Check *I* if you think it's inappropriate, or *U* if you're unsure. Briefly describe why you responded the way you did and be prepared to discuss your reasons with other participants.

1 It's the fourth week of the new year and tomorrow the teacher will be attending a IEP meeting that begins at 8:00 A.M. The meeting was scheduled for this time because it was more convenient for the child's parents. The children in the class are scheduled to arrive at 9:00 and the IEP meeting will probably not end before 10:00. The principal has asked the two paraprofessionals who work with the teacher to be responsible for the class while the teacher is out of the room.

A ☐ I ☐ U ☐

Reason:

2 Juanita is four years old and is starting preschool. She has a physical disability and requires assistance to eat, button her coat, and perform other self-help skills. Her IEP calls for a paraprofessional to be assigned to assist her with her special needs. The teacher asks the paraprofessional to read stories to small groups of children, to help prepare learning centers, and to take part in activities involving all the children.

A ☐ I ☐ U ☐

Reason:

3 Jon disrupts group activities almost every day, and from time to time he tries to interrupt the individual projects or play of the other children. The teacher asks the paraprofessional to spend most of the day supervising him.

A ☐ I ☐ U ☐

Reason:

4 There are four paraprofessionals assigned to work alongside the teacher and provide direct services to children. Because the paraprofessionals live in the community and are familiar with the cultural heritage and language spoken in the homes of the children, the teacher asks them to make home visits with him.

A ☐ I ☐ U ☐

Reason:

5 Two of the children enrolled in the program require medication and other specialized health care. A third child must be moved from her wheelchair and be positioned using adaptive equipment. The paraprofessional has been asked to attend a workshop to learn how to monitor and/or assume responsibility for administering the medication and using the other health care procedures, and learn how to carry, transfer, and position the child.

A ☐ I ☐ U ☐

Reason:

# *Summary*

*Early intervention* and *early childhood education* are terms referring to individuals with disabilities from birth to five years of age. Early intervention focuses on the family and the individual's natural environment. Early childhood education focuses on the educational needs of these individuals in particular. Young children with disabilities will have their own individual needs. Gaining the skills necessary to recognize these needs is crucial.

Federal legislation is the strongest influence in the area of special education services. The funding and policy of these services is defined under the Individuals with Disabilities Education Act (IDEA). IDEA supports the services involved in any early intervention or early education program.

Paraprofessionals have a variety of roles and responsibilities in early intervention and early education programs. It's extremely important for paraprofessionals to fully understand their roles and responsibilities in all work settings.

# *Questions to Ponder*

- How can systems theory be applied to other settings in your life?
- Are you and your superiors clear on the roles and responsibilities of paraprofessionals in your work setting? If not, how can you clarify them?

# 2

## *Chapter Two*

# Child Development in the Early Years

*13* **Introduction**

*14* **Section 1 Basic Principles of Child Development**

*16* **Section 2 Developmental Domains**

*28* **Summary**

*28* **Questions to Ponder**

# Introduction

It's critical for people working with infants, toddlers, and preschoolers to have a working knowledge of the foundations of typical childhood development. One of the first key concepts of development is that all people are capable of growth and that they'll develop in a predictable sequence. This is called the "developmental assumption." Familiarity with this sequence will help us to:

- Understand the degree of delay that children experience and formulate expectations about their behavior.
- Make decisions about goals for children.
- Conduct, and interpret results from, assessments.
- Appreciate the progress that children make.
- Communicate with parents about their child's abilities and behaviors.
- Become advocates for children and families.
- Become better observers.
- Become better teachers.

Developmental domains are all interrelated. For instance, a person's cognitive development will most likely have an effect on his or her ability to communicate with others. Physical development may affect other domains when an individual has some sort of sensory or physical impairment. For instance, an individual who is blind may have a more difficult time learning the names and properties of objects. Someone who can't hear spoken language may have delayed communication skills. Children who have limited physical mobility may have difficulty developing the independence which is associated with social and emotional development.

Another important feature of developmental domains is that the skills become more "differentiated" as children get older. For the infant, development is mostly expressed through physical growth and maturity. For example, reaching for a toy may be viewed as a motor skill, as a cognitive skill (the infant is aware of and remembers objects) and as a social-emotional skill (the infant interacts with his or her environment for the sake of enjoyment – he or she plays). As children get older, they express development across domains through a variety of complex behaviors. Motor development occurs when children skip; problem-solving indicates cognitive development; speaking in sentences is a function of language development; and engaging in pretend-play with friends indicates social-emotional development.

Finally, the description of developmental domains in this training module is very limited. It's impossible to talk about all that is known about development for this course. Entire textbooks are written for each of these domains. Also, what is taught here only represents one view of development. People are continuously studying children's development and developing theories about why and how children develop. In order to learn more about development, you may refer to Appendix B which gives a more detailed look at young children's development across domains. You may also want to ask the teachers with whom you work to talk about development and provide you with more resources.

Upon completing this chapter, you should be able to:

- Demonstrate a broad base of knowledge on principles of child development.
- Recognize the characteristics of the developmental domains: motor, cognitive, social-emotional, and communication.

# Section 1

# *Basic Principles of Child Development*

**Discussion 1**

What are some examples of the principles of child development you have seen in your own experiences?

## Principles of Child Development

### Development is a Continuous Phenomenon

This refers to the belief that development continues throughout the life span. While physical growth seems to stop (at least in height), human beings continue to develop socially, emotionally, intellectually, etc., throughout life.

### Cumulative and Directional Aspects of Change

Every stage or behavior within a stage builds on what has gone before, and it forms the foundation for what is yet to come. Development is thought to be cumulative: all developmental change contributes to an essentially forward direction.

### Qualitative vs. Quantitative Change

Human growth falls into two categories: qualitative and quantitative. *Quantitative* change refers to physical growth – height and weight. On the other hand, *qualitative* change means that the person is different than they were at an earlier stage. Skills may build, one on the other, but at the end of certain phases the organism has changed in some meaningful way. An example of qualitative change is the butterfly. The caterpillar passes through dramatically different stages en route to becoming a butterfly. It's the same with humans: as we grow from infants to adults, the way that we think and perceive and reason about the world is reorganized into a more complex and different form.

### Complexity, Differentiation, and Coordination

As the child gets older and more mature, his or her behavior, emotions, motives, abilities, and language become more, not less, sophisticated. This complexity is the result of *differentiation* and *coordination* of behaviors.

Differentiation refers to the fact that behaviors move from the general to the more specific. As children become older, different parts of the body or the brain become differentiated and perform more specific functions. For example, infants move their whole arm in a random manner to reach for an object before they can control their hands and use their fingers to pick up a toy. Coordination means that children learn to combine various skills, behaviors, or movements and have them work together as a unit. For example, children initially differentiate single words as they acquire a speaking and listening vocabulary. Eventually, they can combine those words into correct sentences, and use the sentences to express more complex thoughts and ideas.

### Development Occurs in Stages

Development is seen as occurring in a stair-like manner; it's an orderly process with patterns that can be predicted. The sequential nature of development places certain restrictions on how change can occur:

- The various stages or steps can't be skipped. Infants can't go from sitting up to walking – they must crawl on their hands and knees in between.
- The essential order can't be disturbed – that is, the infant doesn't go from sitting to walking and then back to crawling.
- The order of stages, as well as their content, is universal – they're found in children everywhere, regardless of their social or cultural background. However, not everyone progresses equally through the stages.

### Change Results from Interaction Between Biology and Environment

Development is affected by both maturation and environment. Maturation refers to changes that are "built in" to people and that unfold naturally with the passage of time. The environment, or the opportunities for the child to learn from experiences, interacts with the forces of maturation to create developmental change.

### Children are Active Learners

Children play a large role in their own development by actively seeking out opportunities to explore their surroundings. Children are genetically "programmed" to initiate interactions with the environment through play and through forming relationships with other people who can help them access the environment.

**Show Transparency 2.1**

**Activity 1**

After discussing the principles of development, show Transparency 2.1. Ask participants to react to the statement "All people are capable of growth and development." In particular, ask them: "Why is this statement important to people with disabilities? Why is this statement important in the support of inclusion of children in the setting with their peers without disabilities?" Finally, discuss the impact that environmental factors, such as poverty, have on development of a child. Ask, "What are some of the factors that might speed up or slow down development?" Make sure it's understood that all children will grow and develop, despite some of these factors.

**Show Transparencies 2.2 and 2.3**

**Discussion 1**

What are some examples of developmental domains which are interrelated? How are these domains expressed with the different ages of children?

### Developmental Domains

Development takes place across domains – that is, there are "areas" in which children develop. The domains most often used are *motor, cognitive, social-emotional,* and *communicative.* These domains are interrelated, but are usually discussed separately for organizational purposes.

### Individual Differences

Development is the result of such factors as each person's unique characteristics (such as intelligence, attitudes, personality), family characteristics (such as parental discipline, family size), and events that take place in one's life. Development can proceed at different rates within an individual person. For example, a person may have typical physical development but delayed cognitive development.

Information in *Basic Principles of Child Development* adapted with permission from Bentzen, W.R. (1985). *Seeing young children: A guide to observing and recording behavior,* Delmar Publishers Inc., Albany, NY. Copyright ©1985.

## Section 2

## *Developmental Domains*

Normal development is never "normal." A unique set of environmental and biological factors contributes to each person's development. However, general areas of behaviors or skills have been identified by individuals who work with and study children. These areas are often described in terms of "domains". The domains that will be described in this module are *motor, cognitive, social-emotional,* and *communication.*

### Motor Development

> Through exploring and manipulating the environment, the helpless and dependent baby grows into a self-sufficient and competent child. From being carried by another, through taking the first faltering steps, the child moves toward coordinated mastery of physical movement. From random thrashing movements, through increasingly purposeful use of hands, to skillful, precise, and coordinated use of tools and technology, the child becomes a contributing member of the human family. Physical development enhances cognitive growth as real actions bring understanding to abstract concepts.
>
> *Minnesota Department of Education (1991, p. 24)*

Motor, or physical, development refers to the growth of the young child's body. During the first year of life, the child's physical development proceeds rather rapidly. Physical development is often a "benchmark" of the child's overall development. That is why physicians are often the first to identify children who may be at-risk for developmental delays. For example, if an infant reaches the age of 12 months and still hasn't been sitting up, parents and professionals may want to look at other areas of the child's development.

Physical development is often referred to as "maturation" and it's very closely tied to genetics. We often look at children who have tall parents and expect that they'll also grow to be tall. Physical development also unfolds at very specific times. For instance, we would expect most people to reach puberty sometime during the teenage years.

These are some general principles of motor development during the first few years of life that are important to learn:

### Head-to-Toe

Motor development starts from the head and progresses down to the feet. This is called "head-to-toe" development. Infants begin their motor development by first moving their heads and facial features. They next develop the ability to control and bring their arms together in front of their body. The trunk is next, as babies begin to roll their bodies and bring their feet up towards their face. Finally, the baby gains control of the hip as he or she learns to sit, then the hip and knee work together for crawling. Overall head-to-toe control appears when the baby takes his or her first steps. This motor development usually takes place during the first year. However, it usually takes three years for the child to develop complete control of his or her body in standing postures.

### Proximal to Distal

*Proximal* means close to the body; *distal* means away from the body. The shoulder is proximal; the hand is distal. Babies must develop proximal stability before doing intricate hand and foot movements. Trunk control is needed for balance, to serve as the base of support – before working on fine hand skills, the baby must be able to sit well.

### Gross, Fine, Finest

During the first year, babies rapidly develop gross, or large muscle, control of large motions. The baby changes from a newborn without head control to a child learning to walk. This process develops as a result of the head-to-toe principle.

From ages one to two, the child's focus changes to fine skills – those that involve manual dexterity and problem-solving. For instance, the child begins to sit for long periods of time working with blocks, puzzles, and clothing, learns to eat without help, and loves to explore new objects with his or her hands and fingers.

From ages two to three, skills are refined even more. The mouth and tongue move in specific ways to create speech and the hands become capable of using eating or writing utensils. These finer skills are built on a solid foundation of gross motor skills. As children become older, they demonstrate a wide variety of both fine and gross motor skills. A typical four-year-old will run, dance, hop, clap, string beads, pick up small objects, and begin to show control over his or her body by sitting for a long period of time and listening to a story, and by imitating the complex behaviors of adults.

### Perceptual-Motor Development

Two aspects of a child's growth combine to produce perceptual-motor development. Perception is any process by which children become aware of what is happening around them. Children gain information through their senses – what they see, hear, smell, taste, and touch. As children grow older, they begin to organize perceptions and make sense of them. The perceptions then tell the body how to move in response. Perceptual-motor development is the process by which children learn to move different parts of their bodies as they get involved with objects and people they perceive.

Perceptual-motor development is really a combination of a child's motor skills and cognitive skills. Children "learn" that ovens are hot when you touch them (they got this information through their senses – their memory of ovens being hot reminds them not to reach out their hands and touch the oven). The first few years of life are very important in developing perceptual-motor skills. As we'll see in the section on cognitive development, educators refer to this as the "sensori-motor period" of cognitive development.

## Cognitive Development

> The mind of the child is searching for meaning. This drive, or yearning to know, is the basis for intellectual development.
>
> As the child attaches meaning to perceived events and experiences, each new event is incorporated into the child's expanding image bank, providing for new approaches to tasks. The child moves from a reliance on concrete objects and first-hand experiences to an increasing ability to think more abstractly. Through observing, listening, and making inferences related to life experiences, the child becomes capable of complex thinking.
>
> Curiosity motivates the child to solve problems, at first by trial and error and later through using strategies, resources, and techniques to test out hypothetical possibilities and find solutions. The child learns to acquire, organize, and use information in increasingly complex ways.
>
> *Minnesota Department of Education (1991, p. 25)*

*Cognitive development* refers to a person's ability to think about and perceive his or her environment. Because cognitive development is concerned with what's happening in someone's brain, it's difficult to know exactly how a person's cognitive ability develops. Most of the information we have about cognitive development comes from observing infants, toddlers, and preschool children as they interact with the environment.

In general, cognitive development is thought to involve the processes of attention, perception, memory, problem solving, and logical thinking. As the child grows, he or she uses these processes to become a more complex person who can interact with the environment in a variety of ways.

*Attention* refers to a child's ability to look at and play or work with an object for an extended period of time. If a child isn't able to sustain attention for long enough, he or she won't be able to learn as much about the properties of the object or the task.

*Perception* refers to the senses that were discussed in the section on motor development. Perceptions become increasingly more organized in the brain of the child. For instance, the older child may be able to close his eyes and be able to identify an object as an orange by tasting it, smelling it, feeling it, and finally seeing it. This is because children integrate, or put together, information they have gathered through their senses. This information affects the way children move their bodies, or react (either socially, emotionally, or cognitively) to people or objects in the environment.

*Memory* is necessary for all learning to take place. Memory enables people to link past and present experiences in order to understand their environment. For example, very young children use memory to differentiate their parents from strangers. The child who stays away from something dangerous is using his or her memory of a negative experience, such as a parent yelling "no", to protect him- or herself. Memory is also functioning when people use language to name objects or describe events that have happened in the past.

Attention, perception, and memory combine to aid the child in becoming an active problem solver and logical thinker. Problem solving begins in early infancy. When babies perceive they're hungry, they solve the problem by remembering that when they cry, someone will come and give them food. Children learn the cause-and-effect nature of the world when they push a button and a toy makes a sound. If the sound is pleasant to the child, he or she will remember to push the button when presented with the same toy.

Each of these processes become increasingly complex as the child develops into a preschooler who sings songs, tells stories, puts items in order from smallest to largest, names colors and numbers, and tries to convince his or her parents that bedtime is too early. Learning is believed to continue throughout the life span of individuals. This makes sense because the longer we live the more learning experiences we can have. Human beings are active learners: we seek out experiences and are constantly trying to understand the objects and people with whom we come in contact. For children, play is the primary way for learning to occur.

**Discussion 2**

Read Piaget's theory of cognitive development. How can cognitive development affect behavior? What are some examples of "faulty reasoning" children in the pre-operational stage use?

## Stages of Cognitive Development

In the early 1900s, Jean Piaget developed a theory of cognitive development by watching the way his children interacted with objects throughout their childhood. This theory is very popular in child development and education because it's been the foundation of much of the research on child development.

There are four stages described in Piaget's theory: *sensori-motor, pre-operational, concrete operational,* and *formal operational.* Although children move through these stages at different rates, all children begin at the sensori-motor stage and go through the stages in order. It isn't possible to skip over a stage. An important point to know is that not all people will pass through all the stages. Some people may have disabilities which prevent them from progressing all the way through.

### Sensori-motor Stage

During the first two years of life, the child learns to control his or her body in space. The infant uses physical senses and motor capacities to interact with and learn about the environment. Children at this stage learn that certain actions have a reliable effect on the environment. The final achievement of this stage is *object permanence,* which means that children realize that objects or people continue to exist even when they can't be seen or heard.

### Pre-operational Stage

During this period, thought is dominated by what is seen. The child isn't able to attend to more than one thing at a time where space, time, volume, shape, and weight are concerned. For instance, if a child is shown two identical balls of clay, and then one is smashed down like a pancake, the pre-operational child will insist that the flattened ball is bigger and has more clay. This is despite the fact that the child saw that the two balls were exactly the same size before. Language development during this period is very rapid. In the beginning, children may use the word *dog* to describe any animal which walks on four legs; they gradually learn appropriate labels for animals. Children also show a greater interest in playing with other children, and they begin to give reasons for their beliefs and actions. However, the pre-operational child will often show faulty reasoning because they're not yet skilled at integrating a lot of information. Children are typically in this stage until about age seven.

### Concrete Operational Stage

From the ages of seven to eleven, children become capable of mentally seeing an object or event; they can understand that a piece of clay contains the same amount of material whether it's a in circle or a rectangle. They're also able to think about what happens to objects without having to experiment with the object. For example, they recognize that water in a tall, thin glass can be the same amount of water in a short, fat glass. During this stage of development the child can reason, but only when using concrete objects.

### Formal Operational Stage

By the time children reach the age of 12, their cognitive development is characterized by thinking and reasoning. They can think about abstract concepts like love, peace, and right and wrong. They can hypothesize about events and consider more than one variable at a time. Mental development is usually complete by the end of this period, around 15 years of age.

## Language Development

> All of the young child's learning grows out of communication with self, others, and the environment, as meaning is attached to experiences, events, and interactions.
>
> Communication is a process of giving and receiving nonverbal and verbal messages to reflect self, share with another, test out ideas and feeling, and construct shared meanings. Communication grows from the first non-language interaction through listening and speaking with others, to using language in more formal ways through writing, reading, and interpreting skills.
>
> *Minnesota Department of Education (1991, p. 27)*

Language is a system of symbols people use to communicate with each other. It's one way to receive and to give information. Two systems work together to produce language:

- Receptive language, the input system by which information is taken in through the senses.
- Expressive language, the output system which involves speaking, gesturing, or writing.

### Receptive Language

Receptive language is what we see and hear and the information that we take in. A normal sequence of receptive language development begins at birth. The newborn infant responds to sounds. By four months of age, most infants will turn their head to the source of a sound; by six months they may respond to their name and recognize words like *daddy* and *mommy*. By the end of the first year, infants will recognize the names of some common objects, and will respond to simple questions and directions, such as "Where's the ball?" and "Give me the bottle."

During the next year, receptive language develops rather quickly. The toddler understands new words each week, identifies pictures and body parts, and understands possession ("Where's Mama's shoe?"), and prepositions (in, out, on, off, up, down). By the end of the second year, many children understand pronouns (I, me, mine). By the third year, most children are able to follow simple stories and two-step directions.

Receptive language development continues throughout childhood as children learn new vocabulary words, follow complex sentences spoken by others, and then begin to read. A child's receptive language development is usually further advanced than his or her expressive language.

### Expressive Language

Most children learn to talk in predictable stages. This is even true for many children whose language is delayed. During the first few months of life, babies are already preparing to speak. During the first two months, different kinds of cries are produced. Over the next few months, babies begin to use their voices in ways other than crying. They learn to vary their tone of voice to express different feelings, and new sounds start to emerge. By six months, babbling or "vocal play" emerges.

Over the next six months, babies begin two put two syllables together while babbling, some of the sounds begin to sound like real words. By the end of the first year, babies may have one to three spoken words, they may "sing along" to music, and may "talk" to family members without using real words. The words the child does know may be generalized and used to describe many different things. For instance, "ball" may be used to describe any toy. Babies also have a set of gestures they use to communicate, such as nodding the head, or waving "bye-bye".

During the second year, most children will learn about 50 new words. They're learning to understand simple turn-taking rules and are beginning to "converse" with adults.

Young toddlers usually repeat overheard words and will try to communicate using words. They might say things like "Mommy… cookie" or "All gone… milk". During the second year children use simple two-word phrases in order to talk about objects, locations, and actions. Toddlers will use language to request toys, answer questions, and – of course – to say "no". By the end of the second year, children will put together three-word phrases and will go through books and label pictures. More turn-taking is obvious during conversations.

Three-year-olds are rapidly learning to use grammatical skills when they're speaking. They learn to use verb tenses and can use many different kinds of words in conversation. Nouns, adjectives, plurals, and prepositions are used in speaking. Children become more conversational, and can discuss a single topic over several listener-speaker turns.

The development of writing begins when children use crayons to make a scribble mark on paper. Eventually, they begin to apply meaning to the scribble, as in "writing" their name on a piece of paper. When children enter kindergarten, they begin to write their names and other letters of the alphabet.

Vocabulary development continues throughout childhood. Communication skills, such as making facial expressions and gesturing, and waiting and listening to other speakers, are combined with language production skills as children become more expressive speakers.

## Social-Emotional Development

> The child moves from no realization of a difference between self and others, through a primary concern for self, to a level of concern for others. The scope of social interactions moves from early bonding with a significant adult, through experiencing self as a part of family, to friendships and participation in the larger world. In relationships with others, the child grows in abilities to cooperate, to serve as a resource, to negotiate, to lead and follow, to be a friend.
>
> *Minnesota Department of Education (1991, p. 23)*

Social-emotional development refers to the child's development of social relationships, social skills, and sense of self as a social and emotional human being. Although social and emotional development are usually included under one domain, they are different. The child's emotional development concerns the feelings that he or she has about him- or herself and other people. Social development refers to children's ability to form relationships with other people.

**Discussion 3**

What adult behaviors can encourage positive self-esteem? What behaviors can encourage negative self-esteem?

### Emotional Development

Throughout the stages of infancy, toddlerhood, and early childhood, children are thought to have a series of emotional "tasks" they must accomplish on their way to being a competent person with a healthy self-esteem. For infants, the task can be described as "building trust." During this time, the baby needs to learn that the world is a safe place and that caregivers can be trusted. A sense of security develops in the young child when caregivers continually respond to the baby's signals that he or she needs to sleep, be fed, or have a clean diaper. As caregivers love children by comforting and holding them, infants begin to develop a sense of self-worth. The emotionally healthy baby is one who can accept comfort.

The emotional task of toddlers is to develop "autonomy" – being able to do things alone. Security is still important, but now that the child can walk, and sometimes talk, his or her horizons are expanding. The child likes to explore, but is most comfortable doing this when he or she knows that a caregiver is close by. The toddler begins to learns that words can have a powerful effect on people, and will sometimes use them just to see what will happen. The toddler is famous for saying "no" to everything. At the same time, the child can become "clingy" and not want to leave the caregiver. This is all a normal part of development.

The task of the preschool child is to develop initiative and curiosity. The child will imitate much of what is seen and heard and will try new behaviors to see how they feel and how people react. Children are more willing to be a part of groups, but will still want to be independent. They'll explore their environment by playing actively and asking questions. The emotionally healthy preschooler likes to be with his or her parents, but has just as much fun playing with other children or adults. Preschool children exercise more self-control as they learn to share and take turns.

**Social Development**

Humans are social beings beginning from birth. This is necessary because as infants we're helpless and not able to provide for ourselves: we must establish relationships with others to get our needs met. Infants accomplish this partly by being small and cute, and partly by beginning to develop a set of "social skills" – behaviors that help us to develop positive relationships with other people.

For the infant, social skills include making eye contact, smiling, and relaxing the body when held. Older infants become very interested in people. However, they develop preferences for familiar people and may not want to be held by strangers. They become affectionate and give hugs and kisses to the favorite people in their lives. From very early on, infants can engage in social games such as peek-a-boo, and pat-a-cake. A child's first "playmate" is usually his or her parent.

Toddlers begin to take an interest in being around other children, but they still aren't very good at sharing toys or waiting for turns. Toddlers can become bossy or possessive – everything is "mine." Toddlers are, however, increasingly aware of other people's feelings. Instead of crying when another child cries, toddlers may reach out to touch, rub, or cuddle the upset child.

As children enter the preschool years, they develop relationships with adults and children that are similar to the relationships they'll have throughout childhood. They'll identify children as "friends" and will usually prefer to play with others rather than play alone. They'll like to carry on conversations with other children or adults and recognize the value of language in forming relationships. They may approach unfamiliar people and ask social questions such as "What's your name?" or "Whose daddy are you?" They begin to play games and will usually follow rules. They're better at sharing and turn-taking. Though young children occasionally have outbursts when they don't want to share, they're typically quite skilled at developing relationships by the time they reach kindergarten age.

**Show Transparency 2.4**

## Play & Social Development

Many of children's social relationships take place in the context of play. Educators often refer to Parten's six classifications of play, listed below, to describe children's play or social behavior.

### Parten's Play Classifications

1. **Unoccupied Behavior:** Here the child isn't engaging in any obvious play activity or social interaction, but watches anything of interest at the moment. When nothing's interesting, the child will play with his or her own body, move around from place to place, follow the teacher, or stay in one spot and look around the room.
2. **Onlooker Behavior:** Here the child spends most of his or her time watching other children play. The child may talk to the playing children, ask questions, or give suggestions, but doesn't participate in the play. The child remains within speaking distance so that what goes on can be seen and heard: this indicates a definite interest in a group of children, unlike the unoccupied child, who shows no interest in any particular group of children, but only shifting interest in what happens to be exciting at the moment.
3. **Solitary Play:** This is play activity that is conducted independently of what others do. The child plays with toys that differ from those used by other children in the area within speaking distance and makes no effort to get closer to them or to speak to them. The child is focused entirely on his or her own activity and isn't influenced by other children or their activities.
4. **Parallel Play:** Here the child is playing close to other children but is still independent of them. The child uses toys like the toys being used by others, but uses them as he or she wishes and is neither influenced by nor tries to influence the others. The child plays beside other children rather than with other children.
5. **Associative Play:** Here the child plays with other children. Play material and equipment are shared; the children may follow each other around; there may be attempts to control who may or may not play in a group, although such control efforts aren't strongly asserted. The children engage in similar but not necessarily identical activity, and there's no organization

of activity or individuals. Each child does what he or she essentially wants to do without putting the group's interests first.

6 **Cooperative or Organized Play:** The key word in this category is *organized.* The child plays in a group that is established for a particular purpose: making some material product, gaining some competitive goal, playing formal games. There's a sense of "we-ness" whereby one definitely belongs or doesn't belong to the group. There's also some leadership present – one or two members who direct the activity of the others. This therefore requires some division of labor, a taking of different roles by the group members, and the support on child's efforts by those of the others.

Most children will show each of the types of play throughout their childhood. However, the first three types of play are more common for very young or delayed children. As children get older, their play typically becomes more sophisticated and more social.

*Parten's Play Classifications* adapted with permission from Parten, M.B. (1932). Social participation among preschool children. *Journal of Abnormal and Social Psychology, 17,* 243–269.

### Discussion 4

What are some behaviors which fall within each developmental domain? Which behaviors involve several domains? Which behaviors are specific to a particular domain?

## Observation Activity

Observe two children in their natural environment for about a half hour. You may choose two children who are the same age, or you may choose to observe children who are at different developmental stages (for example, an infant and a preschooler). In the spaces below, describe some of the behaviors that you observe for each child across each of the developmental domains. In the third section, describe the differences and similarities in development for the two children. Pay particular attention to the range of behaviors you see across children who are typically developing. When observing children, note the types of play activities they choose. Describe the motor tasks they perform with ease. Write down examples of language that they use, and describe their interactions with other people. For cognitive development, describe the complexity of activities children choose and measure how long children stay with an activity. Discuss your results in small groups.

**Child A**

Name

Date

Setting

Time of Observation

- Motor Development

- Cognitive Development

- Social Emotional Development

**Child B**

Name

Date

Setting

Time of Observation

- Motor Development

- Cognitive Development

- Social Emotional Development

**Comparisons**

- Motor Development

- Cognitive Development

- Social Emotional Development

## Summary

The foundations of typical childhood development involve a variety of stages which almost always occur in a predictable sequence. This predictable sequence occurs throughout a variety of areas. These domains, or areas, are motor, cognitive, social-emotional and communication. The interrelationship of these developmental areas is a crucial part of the developmental stages of a child.

## Questions to Ponder

- How do principles of child development affect a child's actions?
- What are common developmental domains you see in your work settings?

## 3

*Chapter Three*

# Individualized Planning for Children with Disabilities

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# Introduction

The children who enter into early intervention will have a broad range of abilities and disabilities. Thus far, we have stressed that each child and each family is unique. They'll require special care which is developed just for them. This is what is referred to as "individualized programming" and it's required under federal education laws. Although each family and child is different, they have one thing in common: they'll have an Individualized Education Plan (IEP). Infants and toddlers and their families will have an Individualized Family Service Plan (IFSP). IEPs and IFSPs are written plans which are developed when parents and professionals work together to assess the child's strengths and needs, develop goals and objectives for the child, plan educational services, and decide how to implement the plan. Most importantly, IEPs and IFSPs are created by teams. Individuals who know and work with the child must be able to agree that the plan is appropriate for the child and the family. No one person could possibly develop an individualized plan for the child.

The first section of the IFSP or IEP contains a summary of the child's current developmental status, and for the IFSP, a description of family needs. Paraprofessionals are usually not involved in collecting information about a child's development as they first enter into early intervention services. This is usually the responsibility of specialists such as social workers, psychologists, physical or occupational therapists, speech and language therapists, medical professionals, and early childhood special education teachers. However, it's important to be able to look at and interpret the results of the assessments so you'll have a better understanding of the child's strengths and needs and a greater sensitivity towards family issues and concerns.

Federal law requires that infants, toddlers, and preschoolers receive a multi-disciplinary, multi-method assessment of their unique needs. This means that no one person can make decisions about a child's developmental level and need for early intervention services. A team of people is responsible for conducting the assessment. Having several professionals involved in assessment helps guarantee that multiple methods will be used to collect the information. A combination of standardized test scores, observations, checklists, and interviews may be used to gain information about the child and the family. The use of only one method would be inappropriate.

After the assessment activities are completed, and child and family needs are identified, the team begins to identify goals and objectives for the child and family. When the individual, family, and education team develop the IEP for a person with disabilities, there are key questions to ask that will help the team develop goals and objectives that facilitate the person's integration and participation in community settings.

Upon completing this chapter, you should be able to:

- Demonstrate a basic understanding of the components of the IEP and the IFSP.
- Understand the connection between assessment and intervention in early childhood education.
- Gather the correct information needed to identify goals and to provide individualized instruction.

## Section 1

# *Individualized Education Plans*

Many school districts design their own IEPs and IFSPs, so the form of the plan may look different. However, there are several components which must be included. The sections below list the components of the IFSP and the IEP. As you read through them, you should notice the differences and similarities between the two kinds of plans.

Examples of an IEP and an IFSP are included in Appendices C and D. Look through these plans and notice the different types of information needed in each.

**Discussion 1**

What experiences have you had being involved in the IEP or IFSP process?

### Required Components of the Individualized Family Service Plan (IFSP)

- A statement of the infant's or toddler's present levels of physical, cognitive, communication, social and emotional development, and adaptive skills based on objective criteria.
- A statement of the family's resources, priorities, and concerns relation to enhancing the development of the infant or toddler with a disability.
- A statement of the major outcomes expected for the infant/toddler and the family, and the criteria, procedures, and timelines used to determine the degree to which progress toward achieving the outcomes are being made and whether modifications or revisions are necessary.
- A statement of the specific early intervention services needed to meet the needs of the infant or toddler and the family, including the frequency, intensity, and the method of delivering services.
- The projected dates for initiation of services and anticipated duration.

- The name of the service coordinator from the profession most immediately relevant to the child's or family's needs who will be responsible for implementation of the plan and coordination with other agencies and people.
- The steps to be taken supporting the transition to services provided for ages three to twenty-one to the extent that such services are considered appropriate.
- A statement of the extent to which services will be provided in natural environments.

### Required Components of the Individualized Education Plan (IEP)

- A statement of the child's present levels of performance, including academic achievement, social adaptations, pre-vocational and vocational skills, and psychomotor and self-help skills.
- A statement of the annual goals describing the education performance to be achieved by the end of the school year under the child's individualized education program.
- A statement of short-term instructional objectives, which must be measurable intermediate steps between the present level of educational performance and the annual goals.
- A statement of the specific educational services needed by the child (determined without regard to availability of services) including related services needed and special instructional materials which are needed.
- The date when those services will begin and length of time the services will be given.
- A description of the extent to which the child will participate in regular education programs.
- A justification of the type of educational placement the child will have.
- A list of the individuals who are responsible for implementation of the IEP.
- Objective criteria, evaluation procedures, and schedules of determining, on at least an annual basis, whether the short-term instructional objectives are being met.

Adapted with permission from ERIC Clearinghouse on Handicapped and Gifted Children (1992). *The Individuals with Disabilities Education Act, Legal Foundations, No. 2.* The Council for Exceptional Children.

### Differences Between the IEP & IFSP

While the IEP and IFSP have several components in common, there are a few items which are new and unique to the IFSP. In particular, families play a greater role in developing and carrying out the IFSP because of the family-centered approach to intervention for very young children. Services should meet the family's needs, not just the child's, and are to be provided in a flexible, coordinated manner. The IFSP also specifies that the professional and family plan for the child's transition to services for older children. At age three, the child is taken off of an IFSP and placed on IEP if he or she still needs services. Planning for transition is important because the IEP doesn't take a family-centered approach. Professionals work as a team with the family to make sure families acquire the skills needed to continue their involvement in their child's education beyond the IFSP.

### The Role of the Paraprofessional

The degree of paraprofessionals' involvement in writing the IEP and IFSP will often depend on the needs and preferences of the family. Paraprofessionals do have a large role in implementing the plan's components because they regularly apply their skills in the classroom or the community by working directly with children. The following chart contains some examples of how you can help implement the components of IEPs and IFSPs.

| **IEP and IFSP Components** | **Paraprofessional Role** |
|---|---|
| *Assessment:*<br>Current levels of performance | Share observations with teacher |
| *Placement:*<br>Least restrictive environment | Work with child or family in integrated classrooms, out in the community |
| *Annual goals:*<br>Instructional objectives | Share observations with the teacher about progress or lack of progress |
| *Implementation:*<br>Actual instruction | Assist teacher by enhancing instruction or providing practice in a variety of ways |
| *Evaluation of goals:*<br>Help monitor children's progress | Communicate with teacher |

**Activity 1**

Direct students to, with their supervisory teacher, walk through the process used in developing an IEP and an IFSP. If they're not in a paraprofessional position now, help them find a setting in which they can observe. In small groups, compile the steps, and write the entire process. Discuss strengths and weaknesses of the paraprofessional's role in the process as a whole.

## Section 2

# *Assessment of the Child & Family*

The IEP and the IFSP serve as the framework for training paraprofessionals to work with young children with disabilities and their families. The remainder of this module will focus on:

- Initial assessment of strengths and weaknesses.
- Identification of appropriate goals and objectives.
- Instructional techniques.
- Monitoring of progress on goals.

### The Purposes of Assessment

Assessments are typically done for the following reasons:

- **Screening:** to see if further assessment is needed.
- **Eligibility:** to see if the child is eligible for services.
- **Programming:** to develop a program plan for the child.
- **Progress:** to see if the child has changed or has made progress in any area of development.

**Discussion 1**

What are some strengths and limitations of assessing young children?

### Standardized Tests

Standardized tests are tests which are always given in the same way, using the same instructions and the same material. They're scored using the same method every time. This method is based on the scoring of tests administered to a broad range of people, and for which an average score or "norm" has been established. Scores on these "normed" tests tell us how the child compares with other children his or her age who performed the same task. In order for these tests to be useful and fair, the group of people the child is being compared to must reflect the cultural and ethnic background of the child.

There are several standardized tests which are used to assess infants, toddlers, and preschool children. You may see these scores placed on an IFSP or IEP, so it's helpful to become familiar with the test so that you can understand what the score might mean in terms of the child's development.

#### The Denver Developmental Screening Test

This test is a screening instrument designed to determine whether a child is at risk for developmental delays and whether he or she should be evaluated further. It's used to screen or detect problems in children between birth and age six. The test looks at four areas of development: personal/social, fine motor/adaptive, language, and gross motor. This is only a screening test, which means that it's given to large numbers of children, and children who may be at-risk for delays get through the screen. The score on the *Denver* doesn't give in-depth information about the child, but only tells us to look at a particular child in more detail.

### The Wechsler Preschool and Primary Scale of Intelligence – Revised

This test is often called the *WPPSI* (pronounced *whip-see*), and as its name suggests, it's a measure of intelligence for preschool children. This test breaks down intelligence into two components: verbal and performance. There are a variety of tasks that children are asked to perform; some require the child to answer questions given verbally while others are similar to puzzles, mazes, and block building. Children's scores are represented as intelligence quotients. These scores are often used to predict a child's later development. However, the actual number score just tells us how the child compares to other children his or her age who took the same test.

### The Bayley Scale of Infant Development (BSID)

This assessment is one of the most widely used measures of infant development. It's designed to assess the development of infants and toddlers between two and thirty months of age. It provides an indication of an infant's current developmental status but isn't intended to predict later development. There are three components in the *BSID*: the Mental Scale, the Motor Scale, and the Infant Behavior Record.

### The Battelle Developmental Inventory (BDI)

The *BDI* is a test that measures young children's development across five different areas:

- **Personal-social:** measures abilities of the child to engage in meaningful social interaction such as expressing feelings or interacting with adults or other children.
- **Adaptive:** measures the child's ability to become independent in taking care of feeding, dressing, and toileting needs.
- **Motor:** measures the child's ability to control the large and small muscles of the body.
- **Communication:** measures the child's ability to understand and to produce verbal and nonverbal communication.
- **Cognition:** measures the child's thinking, reasoning, and memory skills. The test combines a parent interview along with direct testing of the child using a variety of toys. The *BDI* covers children from birth up to eight years of age.

### The Sequential Inventory of Communication Development – Revised

The *SICD-R* is used to assess receptive language (comprehension) and expressive language (production of language) for children between four months and four years of age. The receptive items evaluate a child's awareness and comprehension of items such as environmental sounds, object names, plurals, colors, and directions. The expressive portion involves items that examine imitation, initiation, and responding behaviors. For older children, a sample of the child's speech is also collected and analyzed. The score is obtained through direct testing of children and through parental report of the child's language skills at home.

## Some Limitations of Standardized Tests

Regardless of which instrument is used to assess the child, it's important to remember that tests often don't accurately predict the long-range outlook for a child. Each test is only a "snapshot" of an infant's development at a particular point in time. Several different measures done over a period of time and across situations are often needed to get a more complete picture of how the child is functioning. The test results alone should not be considered the "final word" in predicting a child's later functioning.

It's difficult to give a long test to young children because they have shorter attention spans and need more breaks for eating or resting. Therefore, many tests are designed to be given quickly. Because of the limited amount of time, there's a limit to the number of items on a test. Certain areas of development which are strengths or relative weaknesses for the child may not be picked up in these tests. Also, children's development often occurs in spurts; skills which aren't present at one point may rapidly develop soon after testing. To get a whole picture of the child, other methods must be used, such as parent interviews, checklists, or observational measures. Direct observation of the child and "functional assessment" are the most frequently used in early childhood. Functional assessment refers to assessment of the abilities that the child has or will need in order to function in his or her environment. See the section "Monitoring Children's Progress" in Chapter 4 (page 57) for a detailed description of observational methods.

## Family-Focused Assessment

When assessment of young children is conducted, a family focus must be maintained. This means that the family should be involved in all aspects of assessment. Observations and testing should take place when it's convenient for the family and where the family feels most comfortable, whether it be in the home, school, church or synagogue, doctor's office, or anywhere else the child spends time. Many times parents may feel nervous about the upcoming assessment and may not realize their opinions and feelings are important to the professionals conducting an assessment.

The following Family Questionnaire may be used to help early interventionists identify family preferences and feelings in a nonthreatening way. Practice interviewing families by giving these questions to someone you know who has a child. You may role play during class by interviewing someone in your class.

**Activity 1**

In a partner situation, have students practice an interview with one parent using the questionnaires provided.

## Family Questionnaire

This questionnaire is intended to help plan assessments and services that are responsive to your concerns and your priorities. It can be completed by each parent, grandparent, older sibling, caregiver, etc.

Child's name ______________________

Date ______________________

My name ______________________

Relationship to child ______________________

1 I describe my child in this way:

2 Our relationship or time together is:

3 My child enjoys and is interested in:

4 When playing with other children, my child:

5 A typical day with my child includes:

6 What puzzles me about my child is:

7 Recent progress or changes I have seen in my child:

8 My child communicates with me by:

9 The most challenging aspect or raising my child is:

10 I would like my child to learn or get better at:

11 I would like help with:

*Family Questionnaire* adapted with permission from Trimbach, K., Abderholden, S. and Grykiewicz, K. (1990). *Early intervention: Building blocks for the future.* Minneapolis: Arc Minnesota.

## Planning a Collaborative Assessment: Family Preferences

This questionnaire is intended to help parents and staff plan how to assess the child in ways that are comfortable and meaningful for families.

1 After reviewing my Family Questionnaire, I especially want to explore my child's abilities or behavior in the following area(s) during the assessment:

2 I want others to see what my child does when:

3 These are favorite toys or activities that will help my child to focused, motivated, and comfortable during the assessment:

4 My child uses the following special equipment that might be used during the assessment:

5 I prefer the assessment take place:

☐ At home ☐ At another place ☐ At the center

6 A time when my child is alert for an hour and when working parents can be present is:

☐ A.M. ☐ P.M. ☐ Early evening

7 In addition to parents and the facilitator, I want these people to participate in the assessment:

Early intervention staff:

Family and friends:

Other agency staff:

8 During the assessment, I'd prefer to:

☐ Offer comfort and support.
☐ Sit beside my child.
☐ Carry out activities to explore my child's abilities.
☐ Assist in activities to explore my child's abilities.
☐ Exchange ideas with the facilitator.
☐ Have the facilitator carry out activities with my child.

9 If formal testing is included in this assessment, I have these questions:

*Family Preferences Checklist* adapted with permission from Trimbach, K., Abderholden, S. and Grykiewicz, K. (1990). *Early intervention: Building blocks for the future.* Minneapolis: Arc Minnesota.

## Section 3

# *Developing Goals & Objectives*

The team should be sure that they can answer these questions before the members start planning:

- What are the ultimate goals for this child?
- Will the skills to be taught now help this child to achieve the goals of the child and his or her family?
- Are the skills practical/functional? If the child doesn't learn this skill, will someone else need to perform it or provide assistance?
- Will learning the skills enhance the life of the child?
- Although we may want to teach many skills, time is a factor. Which of those proposed are of highest priority?

### Long-Term Goals

The next step is to identify and write the long-term, or annual, goals for the child. These are expectations for the child or family which are based on special education needs. Goals should be reasonably achievable within one calendar year. Such goals have the following four components:

- Direction of change (increase, decrease, or maintain)
- The behavior to be changed
- Present level of performance
- The expected annual ending level of performance

Some examples of long-term goals are:

| | |
|---|---|
| *Direction* | *Behavior* |
| Susan will increase … | language skills |
| *From Present Level* | *To Ending Level* |
| from saying single words … | to saying three-word phrases. |

| | |
|---|---|
| *Direction* | *Behavior* |
| José will decrease … | physically harming others |
| *From Present Level* | *To Ending Level* |
| from four times a day … | to no times per day. |

**Discussion 1**

What are some of the possible differences between long-term goals and short-term objectives?

### Short-Term Objectives

Once long-term goals have been established, it's time to write the instructional objectives. Each objective written should be a step towards attaining the goal. There are usually four components to an instructional objective:

- Conditions under which the behavior is performed.
- Performance of a specific, observable behavior.
- Criteria for attainment or level of performance.
- Evaluation procedure.

Objectives will sometimes include a "target date" for when the child should be able to perform the behavior.

The first part of an objective is the condition. This phrase states the circumstances under which the behavior will be performed. The condition lets the team know what help the student will need to perform the behavior and/or what materials will be needed. Examples of conditions are "during gym class", "given a puzzle to put together", or "when asked to put on shoes."

The behaviors that are specified in instructional objectives must be observable. That is, there should be no doubt when reading the objective of what the desired behavior should be. The team may often use words such as "will understand" which by itself isn't observable. The team should think instead about what the child would have to do in order to demonstrate he or she "understands."

Instructional objectives must also be measurable. The third component, the criteria, identifies what the student will have to do in order to say that the objective has been met. The criteria may refer to important characteristics of the behavior such as speed, accuracy, rate, quantity, or duration. This criteria is often found in the description of the behavior, such as "will put all the pieces of a puzzle together." In this example, the criteria to be met is 100% accuracy in working on a puzzle. The criteria also refers to how consistently and reliably the person performs the behavior. It asks how often you would expect a person to perform the behavior when they're given the opportunity. This criteria is often written as "eight out of ten times" or "80% of the time." When designing these criteria it's important to remember that most people don't accomplish skills with 100% accuracy. However, some skills may require 100% accuracy. For example, waiting for the "walk" sign before crossing the street 80% of the time isn't good enough.

Finally, the objective contains a description of how progress on the objective will be reported. The behavior may be recorded by the teacher, reported by family, measured on a standardized test, or a variety of other ways.

The following are some examples of short-term objectives that may be written for the long-term goals above. Examine them to identify the condition, behavior, and criteria (the characteristics of the behavior and the consistency of the behavior).

| | |
|---|---|
| *Condition* | When asked questions by the teacher |
| *Specific Behavior* | Susan will respond using two-word phrases |
| *Criteria* | Eight out of ten questions asked |
| *Evaluation Procedure* | As charted by the teacher |

| | |
|---|---|
| *Condition* | During small group time |
| *Specific Behavior* | José won't hit other children |
| *Criteria* | For five out of five days in a week |
| *Evaluation Procedure* | As recorded by the teacher |

It's extremely important to become familiar with the objectives of the children with whom you work. Knowledge of the objectives will help you to arrange opportunities for the child to perform the skill, provide instruction that is specifically related to the child's needs, and monitor the child's progress on a particular goal.

If you're currently working with children and families, ask the professional to see the objectives for the children. Work together to answer such questions as:

- How can I become familiar with the objectives for this child?
- At what times can I provide the child with the opportunity to practice the skills listed in the objective?
- How can I measure the child's progress on this objective?

## Recognizing Components of Instructional Objectives

Each of the following phrases could be a component of an instructional objective. In the blank in front of each, write the initials for the proper component: *B* = Behavior, *C* = Condition, *CR* = Criterion, or *E* = Evaluation Procedure. Remember, the criteria refers to quality, speed, accuracy, or duration of the behavior, as well as how often the behavior should be performed.

____ 1 While sitting at the table

____ 2 Will pick up a spoon

____ 3 Will use a pull toy

____ 4 As measured on a behavioral checklist

____ 5 Spontaneously

____ 6 On the bus

____ 7 Three consecutive days

____ 8 Correctly

____ 9 Will reach for

____ 10 Will connect two words

____ 11 During music time

____ 12 At home and at the center

____ 13 As reported by his mother

### Activity 1

Have students complete the exercise in recognizing components of instructional objectives. Review answers aloud.

## Writing Appropriate Instructional Objectives

Read each of these objectives, and identify the component that is either missing or inappropriate. Rewrite the objective so that it's written properly.

- When asked, Jerome will follow the same two-word direction, by April 8, 1996, as measured by his teacher.

### Activity 2

Have students complete the exercise in writing appropriate instructional objectives. Review and discuss answers aloud.

- During play time, Kathy will manipulate one moveable toy five out of six times.

- During story time, Frank will understand the story four out of five times, as measured by the teacher.

- Darla will point to her friends Susan and Cindy every day.

## Summary

Each child and each family is unique and requires special care designed specifically for them. Individualized Education Plans (IEPs) and Individual Family Service Plans (IFSPs) are written plans formulated to create a global plan. They assist parents and professionals in assessing the child's strengths and needs, developing goals and objectives for the child, planning educational services, and implementing the plan.

The summary of the child's current developmental status, and/or the description of the family's needs, is a crucial element of the IEP or the IFSP. This assessment helps everyone involved to understand the child's strengths and needs.

Identifying the goals and objectives for the child and family is the final step of the IEP and IFSP process. It's crucial that all team members are clear on the differences between the long-term goals and short-term objectives set for the child.

## Questions to Ponder

- How can you become more involved in the IEP or IFSP process?
- In what areas of assessment can you become more active?
- Who would you ask for more information on a particular child's objectives?

# 4

## *Chapter Four*

# In the Classroom

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*44* Section 1 Developmentally Appropriate Practice

*48* Section 2 Roles in the Classroom

*53* Section 3 Instructional Techniques

*57* Section 4 Monitoring Children's Progress

*65* Summary

*65* Questions to Ponder

# Introduction

The phrase "a child's work is play" is often heard in early childhood classrooms. The belief that children learn best by playing, exploring, and talking to other children and adults is the driving force behind the requirement that early intervention services be "developmentally appropriate."

Just as the principles of child development can be applied to children with disabilities, *developmentally appropriate practice* (*DAP*) is the framework for early childhood special education classrooms. However, these classrooms may place more emphasis on providing instruction during play sessions. For a variety of reasons, children with special needs often don't know how to play or use play equipment without teacher intervention or modification. To be able to use play effectively and efficiently for learning IEP related skills, these children often need to be taught how to play. Thus, while play skills aren't intended to be the final outcome for the children we teach, play skills are functional skills that help children acquire the goals we have for them along the developmental domains.

There are several different instructional techniques that may be used to help young children learn. Traditionally, children with disabilities may have received instruction that was teacher-directed. This instruction emphasized "drill and practice", which means that children were taught particular, specific skills by having several opportunities to learn and practice the skill. For example, if a teacher wanted to teach the concept of the color red, he or she may have the child sit down and say "red" several times in response to a question like "What color is this block?" The question would be repeated until the child could answer correctly most of the time.

This type of teaching is effective at helping children to learn these specific skills and may be used occasionally, but by itself it doesn't reflect developmentally appropriate practice. Children learn best when the skills that are taught are relevant to the child and have meaning in his or her life. Developmentally appropriate teaching involves allowing the child to explore and interact with children, adults, and materials in order to learn skills. Instruction that's "embedded" into the child's daily routines and play time is recognized as "best practice" in the field of early childhood education.

Observing and recording children's behavior is a primary role for paraprofessionals in both center-based care and home-based programs. The paraprofessional who has these skills will be invaluable to the teachers with whom he or she works because monitoring children's behavior and progress on objectives is an essential part of early childhood services.

Upon completing this chapter, you should be able to:

- Demonstrate developmentally appropriate practice as it related to early childhood special education.
- Utilize teaching techniques that may be used by paraprofessionals across a broad range of settings.
- Demonstrate a working understanding of observational data collection and record keeping.

## Section 1

## *Developmentally Appropriate Practice*

The concept of developmental appropriateness has two dimensions: *age appropriateness* and *individual appropriateness.*

### Age Appropriateness

Human development research has indicated universal, predictable sequences of growth and change that occur during the first nine years of life. These predictable changes occur in all domains of development: physical, emotional, social, and cognitive. Knowledge of typical development of children within the age span served by the program provides a framework from which teachers prepare the learning environment and plan appropriate experiences.

### Individual Appropriateness

Each child has an individual pattern of growth, personality, learning style, and family background. The adults' interactions with children and the curriculum should both be responsive to individual differences. Learning in young children is the result of interactions between the child's thoughts and experiences with materials, ideas, and people. These experiences should match the child's developing abilities while also challenging the child's interests and understanding.

**Discussion 1**

What are some examples of appropriate communication techniques to encourage children to make choices, talk about feelings, resolve conflicts, etc.?

### Guidelines for Developmentally Appropriate Practice

Developmentally appropriate practice occurs when child-initiated, child-directed, teacher-supported play is the essential component of the program. Children's play is the primary vehicle through which children develop in terms of cognitive, physical, emotional and social growth. Developmentally appropriate programs are distinguished by the curriculum in place, the nature of adult-child interactions, and the emphasis on home-school relationships. The National Association for the Education of Young Children (NAEYC) has established the following guidelines for these features:

## The Curriculum

- A developmentally appropriate curriculum provides for all areas of a child's development: physical, emotional, social, cognitive, and language. Teachers recognize that all areas of children's development are integrated. Activities which stimulate growth and learning in one dimension affect other dimensions as well.
- The curriculum is continuously developed by the teachers as they observe children's special interests and developmental needs. For example, family or cultural backgrounds of children are used to broaden the curriculum for all children. Another example is when language games are introduced into a classroom where the teacher observes children who need further development in their communication skills.
- The curriculum emphasizes learning as an interactive process. Children learn best when they're given opportunities to actively explore and interact with materials, other children, and adults. Developmentally appropriate practice recognizes that children learn by doing. There's no correct or right way of doing things. Children learn about their environment through creativity and by problem solving through a process of trial and error.
- Learning activities and materials should be concrete, real, and relevant to the lives of young children. Play areas and activities are based on experiences that are fun and interesting to children and that provide opportunities for children to practice skills that are important to daily functioning.
- Multicultural and nonsexist experiences, materials, and equipment should be provided for children of all ages. These experiences enhance the child's self-esteem and support the child's learning experiences by strengthening ties between the home and the early childhood program. Multicultural experiences help children to accept and appreciate the differences and similarities among people in the classroom and the community.

## Relations Between the Home and the Program

- Parents share in decisions about their children's care and education. Teachers are responsible for establishing and maintaining contact. Communication between families and teachers helps build mutual understanding and guidance and provides greater consistency for children.
- Teachers share child development knowledge, insights, and resources as part of regular communication with family members.
- Important information about the child should be shared, with family participation, with other agencies or programs as children pass from one level or program to another.

### Adult-Child Interaction

- Adults respond quickly and directly to children's needs, desires, and messages. Adults in the classroom should communicate regularly with children and respond to their needs at a level which is appropriate for the individual child. For instance, adults use a warm and soothing voice when interacting with a child who is upset. The language used is appropriate for the age of the child. In general, adults should provide positive responses and show genuine interest in what children have to say.
- Adults provide many opportunities for children to communicate. Large group instruction, where children are expected to sit and listen to an adult talk, isn't as effective in facilitating development of communication skills in young children. Instead, children learn by having several opportunities to talk to other children and adults. Listening in a group can enrich learning when there's something meaningful to hear, but children should be given the opportunity to talk about what they have heard.
- Adults facilitate the development of self-control in children by treating children with respect and using guidance and redirection as discipline techniques. Teachers remind children of the rules and their responsibilities in the classroom.
- Adults facilitate the development of self-esteem by respecting, accepting, and comforting children, regardless of the child's behavior. Adults must demonstrate patience and tolerance of children's behavior. Adult behaviors that are never acceptable are: screaming in anger; neglect; inflicting physical or emotional pain; criticism of a child's person or family by ridiculing, blaming, teasing, insulting, name calling, or threatening humiliating punishment. Adults shouldn't laugh at children's behavior, nor discuss it among themselves in the presence of children.
- Adults are responsible for all children under their supervision at all times and plan for increasing independence as children acquire skills.
- Adults use appropriate instructional techniques to help children learn. Adults let children learn from their own mistakes by providing guidance and encouraging children to try again or to find alternatives. Adults value the unique responses of children, but provide support, attention, and encouragement as needed. At times adults may need to use direct teaching techniques.

This description of DAP was adapted with permission from Bredekamp, S. (1987). *Developmentally appropriate practice in early childhood programs serving children from birth through age eight.* (pp. 3-5, 10-11). Washington, DC: National Association for the Education of Young Children.

## Recognizing Developmentally Appropriate Practice

Read the following classroom scenarios and decide whether or not the scene described reflects developmentally appropriate practice. Discuss reasons why or why not as a large group. How might the situation be changed to reflect developmentally appropriate practices?

1 The school nurse has some screening tests that have to be done for several of the children. The classroom teacher tells the nurse that the best time to take children from the classroom is after the group time. After group time, the children are in free play so they won't miss any valuable instruction.

2 Spring is coming, so the teacher wants to start a classroom theme that deals with "things that grow." She sets up some areas in the classroom that have things that grow, such as plants and animals (e.g., a fish tank and a hamster). There are some new books in the reading area to go along with the new plants and animals. One day, the class goes for a walk. The teacher asks children to look on the ground and in the trees for new growth.

3 The "house corner" is Mrs. Wilson's favorite play area. She thinks that the children really like to play there and that they'll learn a lot from using the materials and role-playing with their friends. Although many of the children have a strong Hispanic heritage, Mrs. Wilson put many "American" foods and cooking utensils in the play area. She also included a play wok and chopsticks. Mrs. Wilson feels that since these children have experience with the foods cooked at home, they don't need it here. Also, putting food from different cultures in the play area helps to give them a multi-cultural experience.

### Activity 1

Have students complete the exercise *Recognizing Developmentally Appropriate Practice* in pairs, then discuss responses in a large group.

## Section 2

# *Roles in the Classroom*

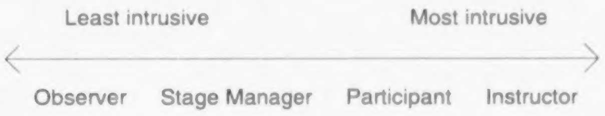
**Discussion 1**

What are some examples of the roles paraprofessionals take in the classroom?

There are several roles paraprofessionals can take to facilitate the development of play and other skills in children with disabilities:

- Observer
- Stage Manager
- Participant
- Instructor

These roles fall along a continuum from least intrusive to most intrusive:



The intrusiveness of a technique refers to the amount of control or direct involvement the teacher uses in order to change a student's behavior. The role of stage manager is less intrusive because it involves changing the environment: there's no direct contact with the child. The role of instructor is most intrusive because the teacher provides direct instruction to an individual student. This instruction may interrupt a child's natural activity. It's important to keep this continuum in mind and be aware of the level of intrusiveness of our teaching techniques. A general rule of thumb is to use the least intrusive technique necessary to have the desired effect on the child's behavior.

### Observer

Paraprofessionals will probably take on the role of observer more frequently, but for shorter periods of time, than any other role. It will be your observations of a child's activities and interactions that will help you decide which role to assume next. In addition, you'll use the role of observer to figure out the success or limitations of your previous role. Perhaps you attempted to teach a child a skill using a particular technique. Observation will help you determine if the child is able to learn through the technique or if a more direct instructional approach is needed.

Observations, whether long, focused ones, quick glances, or notes on a checklist, give you invaluable information about the skills and progress of individual children, the success and limitations of different strategies for facilitating learning, and the dynamics of child-child interactions.

## Stage Manager

Paraprofessionals act as stage managers when they arrange the physical environment, including materials, activities, and participants (adults and children) to promote a child's involvement in activities. Many times, a simple change in the environment can have a powerful effect on children's behavior. This is also true for adults. Our behavior often depends on where we are, what we're doing, and with whom we're doing it. There are several strategies paraprofessionals may use when structuring the environment for children's learning:

- Select appropriate materials. Materials which are preferred by students, functional and relevant to children's daily lives, and appropriate to wide range of skills should be made readily available in the classroom.
- Use materials to promote social play and cooperation. Materials that most often result in social play are dramatic play materials such as dress-up clothes, babies, house sets. Outdoor climbing equipment, tricycles, and wagons are also fun materials that children use together.
- Structure activities to promote social interaction. Adults can plan specific activities for children, or assist in the development of a play theme based on observations of children's play. In either case, the adult withdraws his or her involvement to allow children to direct their own play. Examples of structured activities are games, art projects, and asking children to do "chores" which require at least two children.
- Provide choices for children. Sometimes children have difficulty choosing an activity when there are many options available. Clearly define a limited number of choices for the child so that he or she may choose one in which to be involved.
- Encourage children to play near one another. If your goal is for a child to play with peers more often, you need to make peers available. Provide enough materials for children to play together and make sure this is adequate space for several children to play.

## Participant

There are two levels of involvement that the paraprofessional can take while acting as a participant in children's play: *parallel playing* and *co-playing.*

When parallel playing, the adult plays next to the child or makes suggestions about the play. For example, the adult may play in the sandbox, putting sand in containers and talking about what he or she's doing. Parallel playing can be helpful in a number of situations. It's particularly helpful for a withdrawn child who becomes more withdrawn when an adult gives direct attention. This way of involving yourself can also help children play longer. The child may learn new ways to use the materials, and may learn from adults that play is valuable.

In co-playing, the adult joins play that is already started and lets the children control the play. The adult influences play by asking questions and responding to children's actions and comments. The adult doesn't direct the play, but offers contributions. Co-playing, like parallel playing, helps children play longer and gives children the sense that play is important. The teacher can expand the play in a non-directive way. Sometimes new children can be brought into the play.

This strategy works best when the children already have a fairly high level of play, but are stuck in one play theme. This strategy doesn't teach children new play skills and may not work well for children who prefer to play alone or don't pretend.

## Instructor

The role of instructor is generally used to directly teach a specific skill/action or to impart needed knowledge. The key word in this description that differentiates this teaching from that done through participation is *directly*, by which we mean that the teacher is directing the focus and learning of the child as an outsider to the play. This direction can take two forms:

- Briefly interrupting play to provide direct one-to-one instruction on something relevant to the continuation of the play.
- Providing instruction as an outside observer of the play.

In the first form, instruction happens within the context of the play and the skill being taught is relevant to the play. However, the teacher may have to briefly interrupt the play in order to teach the skill. For example, when you notice that a child playing trucks doesn't know how to lift the back end of the dump truck to dump his or her load, you'll intrude into the play to provide that child with one-to-one instruction and demonstration. Once the child has obtained some skill and needs to simply practice to achieve mastery of this action, you can move back to being the observer or a participant in play. Obviously, this instruction may need to occur over and over again, but always within the context of the play so that the child can incorporate the skill into free-play.

In the second form, the teacher is still directing the child's focus and learning, but isn't interrupting the play to do so. Instruction comes from directing the child's involvement in the play through questions ("You're baby is crying. What can you do?"), prompts ("What do you need to give the bus driver before getting on the bus?"), directions ("Pay for your groceries first, then put them in the bag") and suggestions ("Maybe Erica can baby-sit for your baby while you go to the store") made from the sidelines as an observer.

The role of instructor will be most prevalent at the beginning of an activity when you're introducing new or unfamiliar materials, vocabulary, or equipment. The challenge of choosing the instructor role is knowing when it's no longer needed. When it's your job to teach children, it's often difficult to think of yourself in roles other than instructor. This is where the other roles are so valuable. With these multiple roles, you can provide direct instruct briefly, back off, and observe the child to see if the amount of instruction appears to have been adequate to initiate new attempts, new skills, more practice, or mastery. If nothing has changed, more instruction is needed.

All in all, if the child is to benefit from participation in play-based activities it's best to err by backing off from direct instruction. You can always provide more direct instruction as needed.

Here are some guidelines for choosing which role to take:

- The role of observer may be used at any time. It's helpful to remember to observe children as they begin a new activity so that you can determine a child's skill level in that activity. If the child is fairly independent in the play, you won't need to use more directive approaches. Observation also helps you to make decisions about which activities or techniques to try in the classroom.
- Arranging the environment, or being a stage manager, is appropriate at any time. In fact, environmental arrangements should be tried before other, more intrusive teaching strategies, are used. Talk with the classroom teacher about the classroom, the materials in the classroom, and the peers that are available for play. Teachers may have several ideas or preferences when it comes to setting up the classroom environment.
- Acting as a participant in children's play isn't only helpful for children, it can be fun for adults too. When participating in children's play, make sure that the children are directing the play, not you. Your involvement won't disrupt play if you allow children to remain in control.
- Direct instruction should be provided when:
  - Children don't engage in make-believe play on their own;
  - Children have difficulty playing with other children;
  - Children's play is repetitious or appears to break down;
  - The caregiver is introducing a new play theme.

Direct instruction should be used with caution because it can be disruptive. It should be phased out when play is going well.

Portions of *Roles in the Classroom* based on Heidemann, S., & Hewitt, D. (1992). *Pathways to play: Developing play skills in young children.* Redleaf Press, 450 N. Syndicate Street, Suite 5, St. Paul, MN 55104, 1-800-423-8309; Cavallaro, C.C., Haney, M., & Cabello, B. (1993). Developmentally appropriate strategies for promoting full participation in early childhood settings. *Topics in Early Childhood Special Education, 13,* 293-307; and Wolery, M., Bailey, D.B., & Sugai, G.M. (1988). *Effective teaching: Principles and procedures of applied behavior analysis with exceptional students.* Boston: Allyn and Bacon, Inc.

### Activity 1

Have students in the class conduct an observation of the teacher's behaviors in an early childhood setting. Ask them to record examples in the spaces and be prepared to share them in the following class session.

## Classroom Observation

Observe an early childhood classroom during a free play period. If you aren't currently working in a classroom, ask the instructor to help you arrange for an observation. The focus of this observation will be on the behaviors of the adults in the classroom. In the spaces provided below, record things that the teacher does that are particular to each of the four roles. In addition, write down things that teacher does that don't seem to fit into any of these roles. For instance, how much time does the teacher spend communicating with other adults, doing paperwork, cleaning, etc. After doing the observation, spend some time thinking about the amount of time the teacher spends on "Direct instruction" as compared to the other roles. Be prepared to discuss your observations with your classmates.

- Observer

- Stage Manager

- Participant

- Direct Instruction

- Other Activities

# Section 3

# *Instructional Techniques*

## Naturalistic Techniques

Researchers have developed several teaching strategies that may be used throughout the child's day, without disrupting the natural activities of children. These strategies are often called *naturalistic* or *milieu* instructional techniques. Several of these naturalistic techniques were described by Diane Bricker and Juliann Woods Cripe in their book *An Activity-Based Approach to Early Intervention.* These strategies focus on interactions between children and adults that encourage children to explore their environment and use their problem-solving skills. Several of these strategies are summarized below.

### Forgetfulness

*Forgetting* can occur when the adult fails to provide the necessary equipment or materials, or overlooks a familiar or important component of a routine or activity. Examples include not having food immediately available for snack time, paint brushes for painting, or books for story time. The goal of this technique is for children to recognize that something is missing, and begin to ask questions, search for materials, or engage in other appropriate problem-solving actions.

### Visible But Unreachable

*Visible but unreachable* involves placing objects that children like where they're visible but unreachable. Placing objects within sight but out of reach can encourage the development of social, communication, and problem-solving behaviors. If the child wants an object, he or she will be required to communicate with adults or other children in order to get it. One way to use this technique is to put the object in sight, but at adult level. Wait for the child to ask for the item. If he or she appears to want the item but doesn't ask, model the correct way of asking. For instance, you might say "want ball." Encourage the child to repeat your words and provide the child with the object after he or she has imitated what was said. Give children opportunities to imitate the model if they don't follow through the first time. Always provide the child the object, even if they don't get it perfectly – you can always try again later.

### Violation of Expectations

Leaving out or changing a familiar step or element in a well-practiced or routine activity is a strategy known as *violation of expectations.* Many violations may seem funny to children. For example, the caregiver may try to write with a pencil while using the eraser,

**Discussion 1**

Have any of you seen or used any naturalistic instructional techniques in your work setting? If so, share what you've seen.

or place a block on the child's plate for a snack. Children often recognize these changes and communicate their recognition by pointing, speaking, or helping the caregiver to get it right. This intervention can be very fun for both the child and adult and may help children to work with others to solve problems.

### Piece by Piece

Another teaching strategy is for the caregiver to hold on to pieces of materials so that the child must request the material *piece by piece.* For example, when working on a puzzle, pieces can be handed out as the child asks for them, or when children are being pushed in a swing the caregiver can wait for the child to request another push before continuing. However, this strategy should be used carefully: too many disruptions may interfere with the meaningfulness of the activity. Make sure that children are staying actively involved in doing the activity while requesting pieces. Don't allow them to become frustrated.

### Assistance

Putting out materials or setting up activities that require *assistance* from adults or peers is a strategy that can be effective in the development of a range of skills in the self-help, fine motor, gross motor, and communication areas. For example, placing a snack in a clear container with a lid that the child can't remove independently may set the stage for the child to seek assistance. Once the request is made, the child can work with adults or peers to open the container. Another example is asking children to carry objects which are too big to carry by themselves. They'll then have to ask someone to help them and work together to pick up and move the object.

### Delay

Using a *delay* strategy introduces a pause or small delay in an activity in order to prompt a response from the child. For example, the caregiver may stand near the child with a pitcher of juice and wait for the child to say "juice" before pouring it into a glass. This technique fits easily into many activities.

### Questioning/Prompting/Modeling

Adults can encourage children to communicate and may influence the child's play by asking questions and providing verbal prompts. Open questions may be used to encourage descriptive responses. These questions typically start with who, what, why, when, or how. Examples might include "When will your dinner be ready?" or "What happens next?" These questions may be used to help children communicate or may prompt children to perform a certain behavior.

Verbal prompts also help children to continue their play. For instance, a prompt may be "Ask John for the butter" or "Hold your baby up to feed her". These prompts should be as inobtrusive as possible, and should be used only when children are stuck and not sure what to do next in their play.

Adults may also model appropriate behavior for children and encourage them to imitate the behaviors. Peers often make wonderful models for children. For example, encourage children to watch how a friend in the class uses materials or talks with others.

Material in *Naturalistic Techniques* adapted with permission from Bricker, D. & Woods Cripe, J.J. (1997). *An activity-based approach to early intervention* (pp. 134-37). Baltimore: Paul H. Brookes Publishing Co.

## Behavior Management

Behavior management is an important part of early childhood education. It occurs when teachers attempt to change a child's behavior by controlling the events that happen just before or just after the behavior usually occurs. The teachers in your classroom are usually experts at behavior management. They spend a lot of time analyzing behaviors and coming up with ways to change them. It's their responsibility as teachers to create "behavior plans" for children. As a paraprofessional, you may be responsible for implementing these plans. The teacher should give you specific instructions regarding the plan, as each plan is uniquely designed for a child. However, there are some basic principles of behavior management that are important to know:

- Children are more likely to repeat behaviors that are followed by things they like: praise, reinforcement, or fun strengthens a behavior.
- Children are less likely to repeat behaviors that are followed by things they don't like. Lack of pleasure or punishment weakens a behavior.

The techniques that are often used to change behavior are reinforcement and praise, ignoring, or proximal praise. Behavior management can be very complex because there are many factors which influence behaviors. To learn more about behavior management, refer to the articles in Appendix E. Also, talk to the lead teacher in the classroom about things you can do in the classroom to promote or discourage behaviors in the class.

### Reinforcement

*Reinforcement* involves providing a child with something that will encourage him or her to continue the behavior that occurred just prior to receiving the reinforcer. Reinforcers may be anything from food, to objects, activities, and social praise. Praise is one of the best reinforcers, and it's preferred because it's meaningful to children, has a "social" value, and may help children to perform behaviors across a variety of settings because it's easily accessible.

The following are some guidelines for effective praising:

- Be spontaneous, genuine, and warm.
- Be specific, rather than general. Tell children exactly which behavior you're praising. For instance, "I like how you sat at the table until I asked you to leave".
- Attach the student's name to praise. That way, they'll know that you're talking to them and will give you their attention.
- Use the "if–then" rule. If the student is doing something you want them to do again, praise them. "Catch" children being good!
- Make sure praise isn't disruptive. Don't interrupt what a child or the class is doing in order to praise a child. This type of praise may cause the child to feel embarrassed or singled out, and it will have the opposite effect than you wanted.
- Make sure that praise is varied. Don't use statements like "good job" over and over. Provide praise through different statements, gestures, or other nonverbal messages.

The guidelines for effective praising adapted with permission from Wolery, M., Bailey, D.B., & Sugai, G.M. (1988). *Effective teaching: Principles and procedures of applied behavior analysis with exceptional students.* (pp. 247-248). Copyright © Allyn & Bacon, Inc., Boston.

**Activity 1**

Create a "Praise List" in small groups. Use social reinforcers, not material items (ice cream, candy, stickers, etc.). For example: Verbal: "super!"; Gestural: thumbs-up; Other: opportunity to choose an activity.

### Ignoring

*Ignoring* is also called *extinction*. In this technique, the adult withholds any type of reinforcement. If the child is no longer receiving the reinforcement, the behavior should eventually fade out. Ignoring works when the behavior is being reinforced by the attention that it receives. For example, children often use swear words because they like the way teachers and children respond to it by getting excited or being shocked. If teachers ignore the behavior, and no longer provide the reinforcer, it won't be as much fun to swear.

### Proximal Praise

*Proximal praise* involves praising other children who are engaging in appropriate behavior in order to get a child to also perform the desired behavior. For example, if a child is running around the class, the teacher can begin to give praise to the children who are sitting in their seats. If the teacher's praise is valuable to the child, he or she will sit down in order to earn it.

## Section 4

# *Monitoring Children's Progress*

Observation is more than just looking at children. Instead, it's looking for something in a particular way. We can learn a great deal about how children learn and grow by observing and interpreting their behavior as they use materials in the classroom, play with other children, interact with their parents or teachers, and engage in daily activities.

Observation is especially important in early childhood because young children are most often not able to tell us what they're thinking or feeling or why they're doing something. In fact, much of what we know about children and human development comes from observation by individuals who interact with children on a consistent basis.

## Collecting Data

Collecting data and measuring student behavior in a formal manner is an especially important aspect of effective teaching in early intervention for the following reasons:

### Identifying Current Level of Performance

Observing behavior helps to pinpoint where the child currently is on instructional objectives. Teachers often measure children's behavior before they provide instruction. This is called *baseline data.* Baseline data helps the teacher decide how far the child is from where he or she should be. It also helps the teacher to develop objectives and instructional plans.

### Determining Effectiveness of Instruction

Another critical aspect of monitoring children's behavior is to assess the effectiveness of the child's program. Keeping track of the child's behavior helps the teacher make decisions about when instructional changes are needed to help the child make progress on his or her individualized objectives.

### Communicating About a Child's Progress

Monitoring children's progress on objectives facilitates communication in the classroom, with parents, and with students. When data is summarized – and displayed in an understandable fashion – professionals may communicate more easily with families and with other service providers. Children may also receive praise and encouragement when their progress is shared with them.

**Discussion 1**

Why is collecting data important? What are some techniques you have used that would be helpful in an early childhood program?

### Demonstrating Accountability

According to the laws regulating special education, educators must show the degree to which children are making progress toward achieving the goals and whether modifications or revisions of the goals or services are necessary. Teachers use the data they have collected to document their efforts and to show that a number of strategies have been tried to meet the child's needs. Documentation provides a record of which strategies were and were not successful with the child.

## Validity & Reliability

Observations of behaviors must be valid and reliable in order to be useful in the above ways. What is meant by valid? In order for a measure to be valid, you must be sure that you're actually measuring what you say you're measuring. *Validity* depends on your ability to make observations which are objective. That means that you must be able to count, see, or hear the behavior. *Reliability* refers to consistency of measurement. That is, your observations of particular behaviors should be collected in the same way over time. Your measurement should also have high *inter-rater reliability*. Inter-rater reliability is the degree to which two people agree that a behavior has occurred during an observation session.

The following are guidelines to ensure that the observations you make are valid and reliable:

- Be sure to define clearly, in operational terms, the behaviors to be recorded. An operational definition describes behaviors that are both observable and measurable. Two different individuals should be able to observe and agree what occurred.
- Clearly describe the procedures to be followed in observing and recording behavior, and then adhere to them.
- Practice prior to actual observations.
- Record data immediately; don't wait to record it later.
- Use equipment such as stopwatches, tape recorders, beepers, or videotapes to improve accuracy.

There are several techniques which may be used to observe and record children's behavior. The following are descriptions of six different techniques for data collection:

- Narrative description
- Time sampling
- Event sampling
- Anecdotal records
- Frequency counts or duration records
- Checklists

Each of these techniques is appropriate for certain data collection purposes. Some will allow for more detailed descriptions of behavior, while others record behavior quickly and with a minimum amount of description. Data collection can be thought of as fishing with a net. Sometimes you'll want to use a net with very small holes so you can "catch" many types of behaviors. Other times, when you only want to catch certain behaviors, you would use a net with large holes so that most of the extra information will pass through. You can talk with the classroom teacher about the purpose for each observation session, and work together to decide the best method for data collection.

**Narrative Description**

*Narrative description* is a formal method of observation that also goes by such names as *running behavior record* and *specimen record.* In this technique, you continuously record, in as much detail as possible, what the child does and says, by him- or herself and in interaction with other people or objects. The observer records the context (setting or situation), the behaviors, and the sequence in which they occur. The chief goal of the descriptive narrative is to obtain a detailed, objective account of behavior without inferences, interpretations, or evaluations of the behavior.

There are a number of advantages to the descriptive narrative. It provides a rich, detailed account of a child's behavior and the circumstances in which it occurred. The record is permanent and can be used for a later comparison with more recent records. The method can be costly in time and effort, however, and isn't very efficient for quickly gathering representative samples of behavior. The technique also requires skill because of the many details that are the targets of narrative description.

The following is an example of a narrative description. Note that all the child's behaviors are recorded in an objective manner, without inferences made about the child's behavior.

Name: *B.* Date: *Monday, Apr. 8, 1996*
Observer: *Sandra* Time: *9:30 to 9:45 A.M.*
School: *XYZ Child Care Center*

The children are in the gymnasium. B. runs to the mat and lays down when teacher tells him to. On the mat, he rocks his legs up. The teacher stands over him with a large ball. B. reaches for the ball, the teacher says "no," he kicks his feet in the air, and touches the ball with his feet. The teacher pushes his feet down on to the mat and tries to roll the ball over his body. He kicks and pushes at the ball, saying, "no."
Teacher: "Do you like this?" B.: "No." Rolls off of mat, and lays on his back looking at other children.
B. gets up and runs to the stair climber. Teacher goes to get him, says "sit down" and points to the slide; B. backs up and goes down

stairs. She points to the mats and he says no, he crawls to the corner and puts his face in the carpet. T. says come on and takes his hand; B. says "no" and lays on his stomach. T. picks him up and carries him to the center of floor.

**Activity 1**

Ask students to utilize the data collection techniques in an early childhood setting. Be sure they understand the purpose of measuring behavior. Remind them not to provide any identifying information about a child when sharing observation results. Observation of children should not occur in classroom settings unless a parent or teacher gives consent for the observer to be there.

### Time Sampling

The *time sampling* method has two distinguishing features: it observes and records selected samples of a child's behavior, and does so only during predetermined intervals of time. Whenever a behavior occurs during the time period, it's recorded. Time sampling aims at representative samples of behavior.

It may be helpful if you can think of time sampling in relation to the concept of a behavior stream. A person's life consists of a continuous stream of behavior that flows through time. Time sampling looks for samples of certain kinds of behavior in a child's behavior stream, but it looks for those behaviors only in specific parts of the stream identified by intervals of time.

To achieve representative samples, you must observe over a large enough number of intervals to capture the typical quality of the stream of behavior from which the sample is taken. For instance, in a 20 minute observation, you could record once a minute for 20 intervals, or every 30 seconds for 40 intervals. The length and distribution of the intervals will depend on the particular behavior that you're recording.

Time sampling methods usually use a *coding scheme.* This is a means of reducing complex, detailed descriptions of behavior to a simple mark or tally on an observation sheet. Coding schemes usually record categories of behavior, such as aggression or play behavior. There are two types of coding schemes: *sign systems* and *category systems.*

A sign system is a scheme in which the categories of behavior chosen for observation are mutually exclusive: no given behavior can be put into more than one category because each category excludes all others. For instance, a child can't be following directions and ignoring directions at the same time.

A category system is a coding scheme in which the categories of behavior chosen for observation are both mutually exclusive and exhaustive. That is, each category excludes all other categories, and the categories include the total range of behaviors that a child can exhibit. A good example of a category system is Parten's six categories of play behavior.

Time sampling is economical of time and effort. It regulates precisely the content of the observation and the amount of time you observe. An important disadvantage of time sampling is that it doesn't capture the details of behavior and context. It also isn't a useful method for recording infrequent behavior.

### Event Sampling

*Event sampling* differs from time sampling in that it takes specifically defined behaviors or events from the child's behavior stream, but isn't concerned with when the behaviors occur or the length of the recording period. Events are behaviors that can be placed into particular categories. For example, a quarrel can be an event; but quarrels are made up of specific, observable behaviors such as loud speech, certain kinds of facial expressions, or arguing over possession of a toy which, in turn, can be events. The event must be carefully defined before beginning the observation.

After you define the event in terms of the behaviors you'll accept as examples of the event, you place yourself in the observation setting and wait for the event to occur. When it does, you can do one three things. You can record the behavior using (1) a coding scheme, (2) narrative description, or (3) a combination of the two. The previous discussion of coding schemes in time sampling also applies to event sampling. When using narrative description, you'll observe and record for as long as the event lasts.

Event sampling shares some of the advantages of both the specimen record and time sampling. There's the potential for detailed behavioral descriptions and the use of efficient coding schemes. Infrequently occurring behaviors can be suitable targets for event sampling, if you're in a setting often or for long periods of time. Keep in mind, however, that recording events still breaks up the continuity or "stream" that characterizes all behavior.

One type of event sampling sheet that you might use contains three columns. The first column is labeled "Antecedent", the middle column is labeled "Behavior", and the last column is "Consequence." Whenever the behavior or "event" occurs, you record the exact behavior in the middle column. In the first column, you record anything that happened just prior to the behavior. In the final column, you write down anything that happened just after the event occurred. This type of data is especially valuable for behaviors that don't happen very frequently. Teachers may be able to use this data to make hypotheses about why certain behaviors occur. The events that are recorded may be either positive or negative behaviors. For example, if a child screams and hits other children, it's helpful to know what happens just before and just after the behavior so that changes can be made that will have an effect on behavior.

## Anecdotal Records

The *anecdotal record* is often used by teachers to help them understand some aspect of a child's personality or behavior. Five characteristics of the anecdotal record are:

- It's the result of direct observation, not based on rumors or observations made by other people.

- It's a prompt, accurate, and specific description of a particular event.
- It gives the context of the child's behavior.
- Inferences and interpretations are kept separate from the objective description.
- It records behavior that is either typical or atypical for the child being observed. Anecdotal records may also be used to report anything of interest to the observer.

The method's important advantage is that it gives the teacher a running record to help understand a child's behavior in particular situations and settings. It also allows for ongoing comparisons of behaviors, which provide a way of documenting changes in the child's behavior. An important disadvantage is that they're not easy to write, and some people argue that it's easy for bias to enter into the selection of events and behaviors to be recorded.

**Activity 2**

Ask students to divide into small groups, read the two anecdotes, circle words that describe observable, countable behaviors, and underline words that describe behaviors that aren't observable or measurable. Regroup and discuss.

## Anecdotal Records

Two anecdotes are printed below. Read each carefully and *circle* the words used that describe a behavior that you can see, hear, or count. *Underline* words that describe behaviors that are not observable or measurable. This anecdotal record activity is more effective when completed in small groups, after which you can come together as a large group to discuss the "edited" versions. An alternative involves using this activity as a homework assignment and discussing the changes at the beginning of the next class session.

**Anecdote 1**

Sally was having a terrible day. She started off in the morning by spitting on Ms. Pickett, the paraprofessional who met her at the bus. Then she bopped Louie twice with a baseball bat and kicked Thelma in the shins. She wet her pants on the floor and was so embarrassed that she had a tantrum. She was so naughty that none of her friends liked her. Her aggressive behavior was annoying everyone. After her nap in the afternoon, however, she jumped off the cot, kissed Ms. Pickett three times and talked to Louie, Patricia, and Jeff. When it was time to go home, she waved good-bye to everybody.

**Anecdote 2**

I sure learned today why Jake is labeled "autistic." About 10:00 this morning he began head-banging on the floor. He banged times before he stopped. Then, he put his hands in front of his eyes and wiggled his fingers for 10 minutes. He did that again at 11:30. His dual diagnoses showed up again in the afternoon when he seemed to retreat into a dream world. He smiled and twirled around the floor, obviously enjoying the fantasies in his mind. His usual paranoia seemed less, and he talked to Mr. Leonard for two minutes. After that, he wouldn't work and just lazed about for the rest of the day.

Like many anecdotal records, the two above are a combination of both good and poor observation. Choose one of the two and rewrite it so that it's a good example of your observation skills.

The *Anecdotal Records* activity adapted with permission from Pickett, A.L. (1993). *A core curriculum and training program to prepare paraeducators to work in center- and home-based programs for young children with disabilities from birth to age five.* New York: The National Resource Center for Paraprofessionals in Education and Related Services, City University of New York.

## Frequency Counts & Duration Records

The *frequency count* tallies the occurrences of a particular behavior. The observer simply makes a mark on an observation sheet every time a particular behavior occurs. The *duration record*, a variation of the frequency count, measures the length of a behavior. The duration record is used when the extent of a child's behavior is more important than the frequency. The observer begins timing when the behavior begins and records the length of time that has passed when the behavior ends.

Both frequency counts and duration records require you to define, in advance, the behaviors you want to observe and record. This method may be used to record behaviors such as hitting, biting, or talking to other children. A duration record might be used to record the length of time a child spends watching the teacher or using materials.

Frequency counts have such advantages as simplicity of use, provision of immediate data, and usefulness in noting changes in behavior over repeated observations. The chief disadvantage of these methods is that they reveal virtually nothing about the details of behavior and its context.

## Checklists

The *checklist* is a simple method with many uses. A checklist is any record that denotes the presence or absence of something. There are two types of checklists. One type of checklist records *static descriptors*, which are defined as a set of items that refer to highly stable characteristics of children or settings. Examples of static descriptors are age, sex, race, and socioeconomic status. The second type of checklist records actions, which are simply behaviors. An *action checklist* records the occurrence of a behavior during a period of observation.

Checklists have the advantage of being usable in many different situations and methods. They're efficient and require little effort. Checklists can be filled out by several people in the classroom so the overall impressions of children's behavior may be measured. A disadvantage is that checklists lose details of the observed behavior and its context. The checklist should be matched carefully with the objectives of the observation.

**Activity 3**

Assign students to complete the motor checklist by observing a child. The motor checklist is more appropriate for someone who knows the particular child well and has had several opportunities to observe the child. If a participant does not have an opportunity for continued contact with a child, they may ask a teacher or parent to complete the checklist. Teachers may also be able to show students a variety of other checklists.

## Motor Skills Checklist

The *Motor Skills Checklist* is most appropriate for someone who knows a child well and has had several opportunities to observe the child. Complete the sample checklist below by observing a child that you know.

Child observed ______________________________

Child's age ______________________________

Setting ______________________________

Date ______________ Time ______________

Yes No

1 Imitates a three-cube bridge.
2 Uses both hands to steady a cube tower.
3 Uses scissors to snip accurately.
4 Copies a circle.
5 Imitates a horizontal line and a cross.
6 Feeds self independently with a spoon.
7 Dresses and undresses with assistance for front, back, snaps, and laces.
8 Jumps in place.
9 Pedals tricycle.
10 Washes and dries hands.
11 Bounces ball at least three times.
12 Holds crayon between thumb and first two or three fingers.

After the behaviors have been recorded using any of the methods above, the teacher must interpret the data and apply what he or she has learned. A finding is only a finding if it has some meaning which can be applied to a specific situation or problem. Ongoing evaluation depends on interpretation, or making comparisons between something observed and a standard, or expected outcome, of behavior. In this way, what is observed is directly linked to children's objectives. The classroom teacher's role is to interpret results from observation and implement strategies to either change, increase or decrease, or maintain the behavior at its current level.

**Activity 4**

Ask students to talk with a classroom teacher about the teacher's preferred method of data collection and ask to see examples of forms used in the classroom.

## Teachers & Observation

Teachers often create data collection sheets to measure children's progress on instructional objectives. Talk with a classroom teacher about his or her preferred methods of data collection and ask to see examples of forms used in the classroom. You may want to ask the teacher the following questions to get a better idea of the role of data collection in early childhood classrooms:

- How often do you collect data for an individual child?
- Who is the primary person responsible for collecting data? Who is responsible for scheduling observations? Who is responsible for interpreting data? If these functions are spread across people in the classroom, how did you decide who would collect data?
- Which methods do you prefer to use? Do they change depending on the particular behavior you're observing?
- What do you do with information after you observe children?
- How do you share the information with other adults in the classroom? With parents?

## Summary

Early intervention and early education services require using developmentally appropriate practice. Developmentally appropriate practice occurs when child-initiated, child-directed, teacher-supported play is the essential component of the program.

Special education classroom settings also require developmentally appropriate practices. The roles of the paraprofessional often include socially integrating students to instruction of play skills.

Instructional techniques used with children who have disabilities should reflect a naturalistic approach. This allows the child to be instructed by using their natural activities throughout the day.

Observing and recording skills are important to the early childhood program. Paraprofessionals should be well-trained in this area since monitoring children's behavior and progress on objectives is an essential part of both early intervention and early education services.

## Questions to Ponder

- How can you make an area in your work setting more developmentally appropriate?
- What is another role you would like to take to facilitate the development of play and of skills in children with disabilities? How can you obtain it?
- When managing behavior, what approach do you and your colleagues use?

# 5

## *Chapter Five*

# Families

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# Introduction

We've learned so far that families are very diverse – as unique as every individual in them. Many things make families different from one another, including financial status, where they live, who's in the family, and cultural background. The families and children we work with will often have cultural backgrounds and beliefs very different from our own. Systems theory tells us that family beliefs and values have a powerful influence over the behavior of individuals within the family and many of the values that families cherish are a part of their cultural heritage. In order to work with families, early interventionists must develop cross-cultural competence. The competent paraprofessional has the knowledge and skills to recognize and respond to the fact that families have different structures, perceptions and attitudes, and language and communication styles related to a rich cultural background.

It should become clear as you go through this module that a primary goal of early intervention is to help young children with disabilities grow to become active, contributing members of their communities throughout their lives. Integrated programs including individuals with and without disabilities and opportunities for children to be involved in the larger community are absolutely necessary to provide quality early childhood intervention.

Paraprofessionals play a very important role in integrating young children with disabilities into the community. Paraprofessionals are often hired to help facilitate inclusion by accompanying individual children who need support in integrated settings.

Upon completing this chapter, you should be able to:

- Provide a definition of "family."
- Describe methods to empower families to better meet their needs and the needs of their children with disabilities.

## Section 1

## Working with Families

What is a family? This question sounds rather simple. We all know what a family is – or do we?

As families become the focus of early intervention, educators are realizing that the statements typically used to define "family" often don't describe many of the families that enter into early intervention. Write your definition for a family in the space below.

**Discussion 1**

What are some of your own definitions of family?

Share your definitions with the group and discuss the similarities and differences in the definitions. Chances are good that there were several definitions. Each of us has some picture of what a family is because most of us have a lot of experience with families. Most of us are part of a "family."

Families are as unique as each of the individual members in them, and young children with disabilities can be found in a wide range of families. They may come from homes where they're being raised by only one parent; maybe both of their parents are the same sex; maybe they don't live with the people who gave birth to them. These types of differences are referred to as differences in *family structure*. Some different kinds of family structures are:

- Traditional two-parent
- Adoptive
- Extended – people such as aunts, uncles, and grandparents are a major part of the child's family.
- Single-parent
- Step families
- Same-sex
- Shared custody
- Foster families

It's important to recognize that each of the members of families take on unique roles within a family. For instance, it isn't safe to assume that the mother is the main caregiver for the child. The father, siblings, grandparents, or anyone else may be responsible for child care.

**Activity 1**

Develop a working definition for "family" together as a class using the definition provided as a guideline.

How then should families be defined? One definition for a family is:

> Any unit that defines itself as a family including individuals who are related by blood or marriage as well as those who have made a commitment to share their lives. The key elements are that the members of the unit see themselves as a family, are affiliated with one another, and are committed to caring for one another.
>
> (*Trimbach, et. al., 1990*)

This is how families will be defined for the rest of the section. Decide as a group if this definition suits your needs. If not, work together to develop a definition for families before continuing.

## Empowering Families

A term that is often heard in early intervention is ***empowerment***. Empowering families is a goal of early intervention programs that are family-centered; this goal includes intervention to identify family needs, to locate informal and formal resources and support for meeting those needs, and to help link families with the identified resources. The goal isn't to do everything for families, but rather for early childhood workers to provide the initial help families need to function independently. Identifying needs, and helping the family find ways to meet them, makes it more likely that families will be able to provide for the special needs of a child with a disability.

The *Family Needs Survey* found in Appendix F provides an easy way to find out what families need in order to help their child's development. Give this survey to a family you know or work with who has a child with a disability. If you don't have such access, you can role play with another person in your class.

Work together in class to brainstorm ways that paraprofessionals can help meet family needs, either by directly working with the family, working with professionals, or providing support in other ways.

### Activity 2

Have students turn to Appendix F to look at the *Family Needs Survey*. Review each section of the survey to give students an idea of the range of services that families may be provided through early intervention programs. Ask students to survey a family as an assignment, or you may have students pair up and role play using the survey. Have students brainstorm ways that they may help families meet their needs through their role as a paraprofessional.

## Your Role as a Paraprofessional

Once family needs have been identified, the paraprofessional can think of ways to help families meet their own needs. Most times you'll be helping families under the direction of a service coordinator or other professional. That person should give you guidance in your role. You should also make sure that you, your supervisor, and the family have a clear understanding of what you are and are not responsible for in your role as paraprofessional. This should be worked out *before* you run into a situation where you're uncomfortable or unsure.

People who work with young children and their families sometimes feel a bit anxious about parent involvement. This anxiety may stem from inexperience in working with parents, or uncertainty about admitting limitations in knowledge or skills, and/or not referring to others. They may also have difficulty overcoming barriers that rise from differences between families regarding life skills, abilities, or priorities. However, paraprofessionals can have certain characteristics that will lead to good relationships with parents. In particular, paraprofessionals can provide families with information and support by following these suggested guidelines.

### Providing Information

- Have as much information as possible about the particular disability with which the family is coping.
- Be familiar with community resources that parents can connect with to access the information they need.
- Be familiar with the names of people or organizations who may have more information for parents. For example, advocacy groups, or professional organizations for individuals with disabilities may be good sources for support or information.
- Know your role and when to say "I don't know". Refer parents to the teacher or service coordinator in charge of the case.

**Supporting and Encouraging Families**

- Listen! Listening to parents shows you respect them.
- Give parents recognition for their strengths and successes.
- Don't talk down to parents; they're experts when it comes to their child. Believe the parent when they tell you something about their child.
- Avoid saying "I know how you feel." Most times we can't know how a person is feeling. Resist the temptation to say "Everything will be all right." Common sense tells parents that everything won't be all right. Using these statements may reduce your credibility with families and may make families feel that you don't care how they're really feeling.
- Use statements like "What do you think would help?" or "Who do you think can help with this?" instead of "This is what you should do" or "I know who can do this for you."
- Maintain confidentiality. Don't discuss the family's case with anyone but your immediate supervisor. Likewise, don't talk about other children or families when you're working with parents. According to law, privacy is the *right* of all families.
- Show respect for children and value them as people.
- Don't pressure parents to participate.
- Listen to parents' opinions, then show you value them by following through on requests.
- Accept people's right to be different; avoid generalizing and stereotyping.
- Always check with the teacher or case manager before sharing information about the child. In center-based programs, you may be the only early child care provider that the parent sees regularly. This can put you in an awkward position if you're not clear about your role in working with parents.

Material in *Your Role as a Paraprofessional* adapted from Murray, J. (1990). "Best practices in working with parents of handicapped children." In Thomas, A. & Grimes, J. (Eds.). *Best practices in school psychology II* (pp. 829-34). Washington, D.C.: National Association of School Psychologists. Copyright 1990 by the National Association of School Psychologists. Reprinted with permission of the publisher.

## Section 2

# *Developing Cross-Cultural Competence*

> Achieving cross-cultural competence requires that we lower our defenses, take risks, and practice behaviors that may feel unfamiliar and uncomfortable. It requires a flexible mind, an open heart, and a willingness to accept alternative perspectives. It may mean setting aside some beliefs that we have cherished to make room for others whose value is unknown; and it may mean changing what we think, what we say, and how we behave. But there are rewards – the reward of assisting families who need someone who can help them bridge two different cultures as well as the reward of knowing more about ourselves and becoming more effective interpersonally.
>
> *Eleanor W. Lynch, 1992*

There are three major strategies that interventionists may use to develop cultural competence:

- Develop self-awareness.
- Develop culture-specific awareness and understanding.
- Understand communication issues.

### Developing Self-Awareness

One of the first steps in understanding individuals from other cultures is to think about our own values, beliefs, and behaviors that are influenced by our family background. Culture isn't just something that someone else has. All of us have a cultural, ethnic, and linguistic heritage that influences our current beliefs, values, and behaviors. All cultures have built-in biases and there are no right or wrong cultural beliefs. There are, however, differences that must be acknowledged. Cultural self-awareness is the bridge to learning about other cultures. It isn't possible to be truly sensitive to someone else's culture until you're sensitive to your own and aware of the impact that cultural customs, values, beliefs, and behaviors have on your behavior.

**Discussion 1**

What are some similarities and differences between people around you?

### A Cultural Journey

To learn a little more about you own heritage, take this simple cultural journey.

After answering these questions on your own, bring them to the group and discuss with others the values, beliefs and cultural

**Activity 1**

Have students answer these questions on their own and bring them to the group for discussion.

practices you have defined for yourself. What are the similarities between the people in your group? What are the differences? Brainstorm ways that you can learn more about the cultures represented in the group.

### Origins

- When you think about your roots, what country/countries other than the United States do you identify as a place of origin for you or your family?
- Have you ever heard any stories about how your family or your ancestors came to the United States? Briefly, what was the story?
- Are there any foods that you or someone else prepares that are traditional for your country(ies) of origin? What are they?
- Are there any celebrations, ceremonies, rituals, holidays that your family continues that reflect you country(ies) of origin? What are they? How are they celebrated?
- Do you or anyone in your family speak a language other than English because of your origins? If so, what language?
- Can you think of one piece of advice that has been handed down through your family that reflects the values held by your ancestors in the country(ies) of origin? What is it?

### Beliefs, Biases, and Behaviors

- Have you ever heard anyone make a negative comment about people from your country(ies) of origin? If so, what was it?

- As you were growing up, do you remember discovering that your family did anything differently from other families you were exposed to because of your culture, religion, or ethnicity? Name something you remember that was different.

- Have you ever been with someone in a work situation who did something because of his or her culture, religion, or ethnicity that seemed unusual to you? What was it? Why did it seem unusual?

- Have you ever done anything that you think was culturally inappropriate when you have been in another country or with someone from a different culture? In other words, have you ever done something that you think might have been upsetting or embarrassing to another person? What was it? What did you do to try to improve the situation?

- Have you ever felt shocked, upset, or appalled by something that you saw when traveling in another part of the world. If so, what was it?

### Imagine

- If you could be from another culture or ethnic group, what culture would it be? Why?

- What is a value from that culture or ethnic group that attracts you to it?

- Is there anything about that culture or ethnic group that concerns or frightens you? What is it?

Material in *A Cultural Journey* adapted with permission from Lynch, E.W. (1992). *Developing cross-cultural competence.* In Lynch, E.W., & Hanson, M.J. (Eds.). *Developing cross-cultural competence: A guide for working with young children and their families* (pp 60-62). Baltimore: Paul H. Brookes Publishing Co., P.O. Box 10624, Baltimore, MD 21285-0624.

## Culture-Specific Awareness & Understanding

After you become familiar with your own culture and its effects on the ways in which you think and behave, the foundation for learning about *other* cultures has been laid. There are many ways to learn about other cultures:

- Reading about other cultures may be the best way to start. Books written by authors from the culture provide insights and perspectives that are not available through other sources. Biographies, history books, and fiction are all possible sources of information.
- Learn about other cultures through open discussion and sharing with members of another culture. These individuals may be able to highlight feelings, beliefs, and practices that may be unfamiliar. However, don't assume that because someone has certain physical characteristics that they'll identify themselves as being from another culture.
- Participating in the life of the community of diverse cultures is the third way to increase cross-cultural understanding. Celebrating holidays or getting involved in community projects, such as building a playground, are all ways in which people may increase their appreciation of different cultures.
- Learning the language of another culture is one of the strongest commitments to learning about and understanding that culture. Having a second language is also a highly valued skill in education.

Learning about cultures in general is important, but it may be more important to learn about the characteristics of the particular family you're working with because families differ in the degree to which they follow the beliefs and practices of people from their country of origin.

A rule of thumb is ***don't make assumptions about family concerns, priorities, and resources.*** Only the family is able to provide you with that information. If you're working with families, you may want to discuss these questions below with the teacher or service coordinator. Together, you may learn about the best ways to meet the needs of the family and the child with a disability. However, it's only appropriate to ask for information that is directly related to your role as an early interventionist:

- Who are the members of the family? Do they all live in the same household? Who are the key decision-makers?
- Who are the primary caregivers? Who else participates in caregiving? What are family member roles?
- What are the family feeding practices? What types of foods are eaten? Are there any taboos related to food preparation or handling?

- What is the family's perception of the child's disability? How does the family view their role in intervening with the child?
- From whom does the family seek help – family members or outside agencies or individuals?
- To what degree is the family proficient in English? To what degree is the home-visitor proficient in the family's native language?

Portions of *Culture-Specific Awareness & Understanding* from Wayman, K.I., Lynch, E.W., & Hanson, M.J. (1991). "Home-based early childhood services: Cultural sensitivity in a family systems approach." *Topics in early childhood special education, 10*(4), pp. 65-66. Copyright 1991 by PRO-ED, Inc. Adapted with permission.

## Cross-Cultural Communication

Communication, both verbal and nonverbal, is critical to cross-cultural competence. Sending messages and understanding messages that are being received are both important to effective interpersonal interactions. Because language and culture are interwoven, communicating with people from different cultural backgrounds is very complex, especially if the family and the interventionist don't speak the same language. However, speaking the same language doesn't guarantee communication. Individuals from other cultures may have different communication *styles*. Basic communication skills, both verbal and non-verbal, will help the paraprofessional work with diverse families.

Nonverbal behavior often speaks louder than words, and the same nonverbal behaviors often have very different meanings from one culture to another. A gesture or facial expression that is accepted as positive or complimentary in one culture may be viewed as negative or even obscene in another. For instance, some cultures may communicate informally with strangers by standing closely to one another, making direct eye contact, touching, and using gestures. Other cultures may value more formal interactions where direct eye contact with strangers may be considered shameful or disrespectful. No one can be expected to learn, know, and behave in ways that are considered culturally appropriate in every situation. It is, however, a sign of respect to observe families and alter your nonverbal communication to help them feel comfortable. Some forms of non-verbal communication are:

- Eye contact and facial expressions, such as smiling, frowning, or keeping a straight face while talking about the child.
- Physical closeness between speakers and touching while talking.
- Positions and postures (sitting, standing, hands on hips).
- Gestures (hand and arm movements, or nodding the head for *yes* or *no*).

Verbal communication between individuals who don't speak the same language can be very challenging. Sometimes, commu-

### Discussion 2

What are some experiences you have had when communication was difficult because of language barriers, cultural differences, alternative modes of communication, etc.? What did you find especially challenging in communicating with the individual? What did you do to resolve some of the difficulties? What would you have done differently?

nication between paraprofessionals and family members takes place with the help of an interpreter. There are a number of guidelines for working with families through an interpreter:

- Learn names and forms of address (including a few greetings) in the family's primary language, using correct pronunciation.
- While interacting, address your remarks and questions directly to the family (not the interpreter); look at and listen to family members as they speak and observe their nonverbal communication.
- Speak clearly and somewhat more slowly, but not more loudly.
- Limit your remarks and questions to a few sentences between translations.
- Be patient and prepared for the additional time that will be required for careful interpretation.

Material in *Cross-Cultural Communication* adapted with permission from Lynch, E.W. (1992). "Developing cross-cultural competence." In Lynch, E.W., & Hanson, M.J. (Eds.). *Developing cross-cultural competence: A guide for working with young children and their families* (pp.51-52). Baltimore: Paul H. Brookes Publishing Co., P.O. Box 10624, Baltimore, MD 21285-0624.

## General Characteristics of Effective Cross-Cultural Communicators

In addition to the specific communicative behaviors discussed above, there are a few general characteristics of people who are effective cross-cultural communicators. Having these characteristics will help you improve in your performance as a paraprofessional because families, and professionals, will enjoy working with you. Effective communication helps build trust between individuals, and this will hopefully lead to better outcomes for children and families.

Communication is improved when the paraprofessional:

- Respects individuals from other cultures.
- Makes continued and sincere attempts to understand the world from other's points of view.
- Is open to new learning.
- Is flexible.
- Has a sense of humor.
- Tolerates uncertainty well.
- Approaches others with a *desire* to learn.

Material in *General Characteristics of Effective Cross-Cultural Communicators* adapted with permission from Lynch, E.W. (1992). "Developing cross-cultural competence." In Lynch, E.W., & Hanson, M.J. (Eds.). *Developing cross-cultural competence: A guide for working with young children and their families* (pp.51-52). Baltimore: Paul H. Brookes Publishing Co., P.O. Box 10624, Baltimore, MD ~~24~~285-0624.

## Section 3

# *Community Integration*

There are several benefits for integrating children in the first several years of life:

- Increases in positive social interaction have been shown for children in integrated settings.
- Increases in the amount of functional play have been shown in integrated settings.
- Increases in language development have been shown in integrated settings.
- Integrated programs provide opportunities for both parents and children with and without disabilities to gain positive information and knowledge about disabilities.
- Integrated programs maximize the possibility that people will recognize a child's strengths in some areas of development, and that similarities between children with and without disabilities will be highlighted.
- It's the right of every family and child to participate fully in the community. Integration helps protect these rights.

**Discussion 1**

What are some possible benefits of full participation in the community for individuals with disabilities?

## Types of Integrated Settings

There are several ways to provide integrated learning opportunities for young children. Having special education or early intervention programs and early childhood programs in one building is one way of doing this. This arrangement makes it convenient for staff in early intervention programs to teach children with and without disabilities together for short periods of time. Working together may build staff and family confidence in the idea of integration, and staff from the two settings can observe and learn from one another. While providing services in the same building may open doors for children with special needs in that location, it's only a beginning step in opening more doors for young children.

### Reverse Mainstreaming

*Reverse mainstreaming* is the intentional inclusion of children without disabilities into special education classrooms or play groups. It's an attempt to combine the convenience of the staff and resources of the special education center with the benefits of education with same-age peers without disabilities. Early intervention staff and parents benefit by learning about the range of typical development and behavior for young children. This approach, however, may not be practical over time because it requires early intervention staff to do "double duty." This approach also doesn't address the need to help children with special needs enjoy and learn in typical environments.

### Community-Based Intervention

Rather than assigning one place to integrate young children, *community-based intervention* considers the many formal and informal settings in each child's neighborhood and community. It is tailored to the family's style, values, and schedules. Staff and program resources go out to children and families, rather than requiring families to come to special settings. In order to do this, staff members have flexible schedules and are responsive to changing opportunities and needs.

The following are some examples of practices which promote community integration:

- Inclusion in the home for children who may traditionally be hospitalized or institutionalized.
- Involvement in neighborhood activities such as using local playgrounds, going to grocery stores and malls, or playing with other children who live in the neighborhood
- Attending the school that the child would go to if he or she didn't have a disability.
- Providing support services so that families may use family day care, nursery schools, day care centers, or drop-off child care.
- Providing opportunities for children to enjoy the companionship of other children in home, neighborhood, and school settings.

Material in *Types of Integrated Settings* adapted with permission from Kjerland, L. (1990). "Community-based early intervention: Typical settings and resources for birth to five with special needs." In Trimbach, K., Abderholden, S., & Grykiewicz, K. *Early intervention: Building blocks for the future.* Minneapolis: ARC Minnesota.

### Activity 1

Ask students to read each of the situations. Decide if the situations reflect community-based integration. If it does not, tell how the situation could be corrected.

### An Activity

Read each of the situations described below. Decide if the situations reflect community-based integration. If it doesn't, tell how the situation could be corrected.

- At a meeting with school officials, Judy's parents were told that the school didn't have an appropriate classroom for their daughter: she wouldn't be accepted into the school's programs because of her "bizarre behavior."

- After the Ortiz family gets up in the morning, Mrs. Ortiz takes her sons, Johnny and Manuel, to a day care center down the street. Johnny's friend, Anne, helps him to play with his friends at the day-care center by adapting chairs so that he can "sit up" at the table and use the play-dough. She also helps children figure out what Johnny's trying to say when they can't understand him.

- The school district in Sunnyvale has built a beautiful new school just for children with disabilities. The building has "wheelchair accessible" entrances, and all of the state-of-the-art equipment that teachers will need to teach children with special needs. Now they don't have to worry about changing the old schools because all of the kids with "special needs" will be coming to this school. The district even purchased some new school buses so that children who live farther away will be able to come to this school. Everyone feels very fortunate to have such nice facilities for the students.

## Section 4

# *Your Role in Community Integration*

Community integration can be a challenging job because it's difficult to know how *much* assistance the child will need. There are a few guidelines for figuring out how much assistance the paraprofessional will have to provide:

- Generally, the nature and amount of assistance will depend on the needs and abilities of the child and the confidence, time, and skills of the paraprofessional.
- Some children will need only monthly or weekly on-site observation and problem-solving in order to fully participate.
- A few children will require the presence of a paraprofessional to directly assist the child all the hours he or she's in an integrated setting. This may include help in getting around, self-care, behavior management, or help in communicating with other children.

- Neither too little nor too much assistance is appropriate.
- A rule of thumb is to facilitate natural interactions between peers rather than serve as a go-between. Limit physical closeness and encourage or show children to directly approach each other.
- Sometimes the best approach is to translate the sounds and actions of the child with special needs for peers. For example, "That's his way of saying, 'No, thanks'" or "I think she'd like to play with the blocks, too."
- Paraprofessionals should provide only the amount and type of assistance that is practical and comfortable for them to do. For example, other staff may be needed to provide for complicated medical procedures with children.

**Discussion 1**

In what ways do paraprofessionals play a crucial part in the integration of children with disabilities into our community?

There are several strategies for promoting inclusive education in classroom settings where you provide one-to-one support for a child with a disability:

- Know and communicate why the student is in the class.
- Know and communicate why an additional adult is in the class.
- Facilitate interactions with classmates and classroom teacher.
- Empower the student to be an active participant.
- If the student requires assistance, do *with* instead of *for.*
- Include the student in conversations.
- Recognize and promote age-appropriate norms.
- Know and enforce classroom rules.
- Be a part of the class. Support all students.
- Support and reinforce the classroom teacher.

Material in *Your Role in Community Integration* adapted with permission from Vandercook, T., & York, J. (1989). "A team approach to program development and support." In York, J., Vandercook, T., Macdonald, C., & Wolff, S. (Eds.). *Strategies for full inclusion* (pp. 34-36). Minneapolis: University of Minnesota, Institute on Community Integration.

**Activity 1**

Ask students to explore their attitudes about inclusion through completing the questions and discussing them as a class.

## Views of Inclusion

Paraprofessionals are also valued because they often live in the same community as the children and families they serve. In a sense, they are a "spokesperson" for inclusion, and help the people in their community to understand inclusion's benefits. In order to do this, paraprofessionals should be aware of their own feelings about inclusion, and should understand that people often have strong feelings about inclusion – both for and against.

Read each of the following statements and write down your reaction. Write down how you think the people in your community would react to the statement. What do you think you would say to them about the statement?

- Special education means plenty of specialized help at an early age to reduce or prevent later problems; there isn't any time or need for typical settings.

- Typical settings are helpful for older preschoolers with milder needs who will benefit from the socialization.

- Typical settings are helpful for preschoolers with moderate to severe needs because of the rich environments they provide which help all areas of development.

- All ages, including very young toddlers, benefit from several play interactions with typically developing peers because they make active playmates whose play focuses on the skills needed by children with special needs.

- Typical peers and typical settings are the right of all children needing early intervention. It's the responsibility of adults to provide children with education in typical environments, despite their characteristics.

- Which of these statements best reflects your current appreciation of typical settings?

# Summary

In today's society, the definition of family can be quite diverse. Paraprofessionals should be aware of the variety of family settings in our communities. This will assist with empowering, encouraging, and informing the family in the best way possible.

Paraprofessionals in the early intervention and early education programs are also faced with cross-cultural family issues. It's necessary to have the knowledge and skills to recognize and respond to the fact that families have different structures, perceptions, attitudes, language, and communication styles which are all related to a rich cultural background.

Children with disabilities have the right to be active members of our community. Early childhood programs can provide children with many of the skills needed to be active citizens.

Paraprofessionals are often key players in the full integration of children with disabilities. Paraprofessionals have the opportunity to advocate, integrate, and give direct support to these individuals. It's crucial for paraprofessionals to know the best and most effective methods to approach this role.

# Questions to Ponder

- How many different definitions of families can you formulate? How many families that you know match these definitions?
- Do you work in a cross-cultural setting? How do you communicate throughout the day?
- Does your work setting provide an integrated environment? If not, can you modify it in any way?
- What are some practices you use to promote community integration?

# Appendices

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# Appendix A
# *The Americans with Disabilities Act and Child Care: Information for Providers*

The Americans with Disabilities Act (ADA), passed in 1990, ensures that people with disabilities have access to all facets of life, including child care. It does this by requiring child care providers to accommodate the special needs of children with disabilities, whenever reasonable, in order to allow them to be full participants in the program, to the extent that is feasible.

## Who must comply?

- Child care programs, both family child care homes and child care centers, regardless of size and whether publicly funded or not, are considered "public accommodations" and must comply with Title III of the ADA.
- Child care programs operated by state or local governments, school districts, or park and recreation departments must comply with Title II of the ADA.
- Child care programs operated by religious organizations are not required to comply with Title III of the ADA, but they may need to comply with state anti-discrimination laws. You will need to check with your state Attorney General's office to find out more about any laws in your state protecting individuals with disabilities.

## What is expected of child care providers?

Child care providers should:

- Eliminate restrictive admission policies that single out children with disabilities and treat them differently or automatically deny them care;
- Access on an individual basis whether a particular child with a disability can be cared for in the program with reasonable accommodations; and
- Make reasonable accommodations so that children with disabilities can be included in child care programs.

## Who is protected?

The ADA is a federal civil rights law protecting persons with disabilities. The law protects children and adults who:

- Have a physical or mental impairment which substantially limits one or more of their major life activities, like walking, hearing, seeing, speaking, learning, etc.;
- Have a history of these type of impairments; or
- Are thought to have these impairments even if they really do not.

The law also protects persons who are associated with any of the individuals described above. Associated persons do not have to be relatives.

## What are some reasonable accommodations?

Reasonable accommodations can include:

- Modifying basic policies, practices, and procedures;
- Providing auxiliary aids and services (equipment and services which are necessary to ensure effective communication) to individuals with speech, hearing, and visual impairments; and/or
- Removing physical barriers under certain circumstances.

*The Americans with Disabilities Act and Child Care: Information for Providers* adapted with permission from the Child Care Law Center (1997). 973 Market Street, San Francisco, CA 94103, 415-495-5498.

# Appendix B

# *Model Learner Outcomes in Early Childhood Education*

## Social Outcomes: Birth to 9 Years

From birth to nine years, the child moves from no realization of a difference between self and others through a primary concern for self to a level of concern for others. The scope of social interactions moves from early bonding with a significant adult through experiencing self as a part of family to friendships and participation in the larger world. In relationships with others, the child grows in abilities to cooperate, serve as a resource, negotiate, lead and follow, and be a friend.

## Social Indicators From Birth to 15 Months

### Sense of Self as a Social Being

1 Differentiates self from another
2 Mirrors emotions of others
3 Imitates things the caregiver does

### Social Relations

1 Responds to or initiates games (e.g., "pat-a-cake," blowing bubbles, turn-taking games)
2 Can be comforted by familiar adult when distressed
3 Demonstrates an interest in adults and children
4 Relies on adults for physical and emotional support
5 Shows affection for familiar person

### Social Skills

1 Differentiates between familiar and unfamiliar people
2 Begins to adapt to stimulation of various people and places
3 Anticipates rituals and routines
4 Explores objects with another person as a basis for establishing personal relationships

## Social Indicators at 2.5 Years

### Sense of Self as a Social Being

1 Is increasingly aware of others as being distinct from self
2 Is aware of others' feelings
3 Imitates behavior of adults and peers

### Social Relations

1 Demonstrates interest in playing with other children
2 Enjoys participating in small group activities for short time
3 Labels some children as friends
4 Begins to realize others have rights and privileges
5 Enjoys adult attention and approval
6 Recognizes family members

### Social Skills

1 Increasingly able to adapt to different people and environment
2 Begins to express some emotions appropriately and with increasing control
3 Begins to assert self appropriately in some situations
4 May verbalize some feelings

## Social Indicators at 4.5 Years

### Sense of Self as a Social Being

1 Begins to have empathy for others
2 Demonstrates a sense of trust through:
   a seeking help and assistance
   b seeking emotional support from adults

### Social Relations

1 Begins to enjoy and function successfully as a group member
2 Develops close friendships
3 Begins to give and receive support from other children
4 Confides in adults
5 Is beginning to understand concepts of family and neighborhood

### Social Skills

1 Recognizes, understands, and labels some emotional states in others
2 Uses play to explore, practice, and understand social roles
3 Beginning to understand of others' rights and privileges, e.g., following rules, sharing, turn-taking,
4 Peer relationships developed by cooperating, helping, sharing, expressing interest
5 Begins to show acceptance of similarities and differences among people (e.g., gender, ethnicity, age, disability)

## Social Indicators at 6.5 Years

### Sense of Self as a Social Being

1 Begins to gain satisfaction from giving/doing things for others
2 Has a sense of self as a member of a group

### Social Relations

1 Begins to prefer associating with children more than adults
2 Begins to enjoy and function successfully as a group member
3 Develops close friendships
4 Begins to give and receive support from other children
5 Establishes friendly interactions with adults other than parents
6 Begins to understand concepts of family and neighborhood

### Social Skills

1 Begins to understand and respect that others may have a different point of view
2 Becomes aware of a variety of roles, careers, attitudes, and cultural values
3 Continues to expand social skills (e.g., cooperates, make use of rules, expresses interest in others)
4 Sustains friendships and expands circle of friends
5 Is beginning to find constructive ways for solving problems and conflicts without adult assistance:
  a apologizes or makes restitution
  b compromises
6 Begins to accept mistakes in self and others
7 Accepts and is sensitive to individual differences among people (e.g., gender, ethnicity, age, disability)
8 Begins to adjust behavior in accord with social expectations
9 Begins to make independent decisions about whom to trust
10 Begins to play/work cooperatively in small and large groups:
  a produces a product
  b works in assigned groups
  c works with self-selected groups
  d takes turns and shares
11 Appreciates, accepts, and interacts with people of all cultures
12 Tries out and tests relationships with friends and others

## Social Indicators at 9 Years

### Sense of Self as a Social Being

1 Is increasingly independent of adults
2 Is developing a sense of community with others

### Social Relations

1 Needs and enjoys caring adults who are present but not controlling

2 Wants to belong to groups, but groups remain flexible

3 Tends to select same-sex peers as friends

4 Develops longer-lasting peer relationships and friendships

5 Interacts with an expanding environment, including extended family, school community, neighborhood, and city

### Social Skills

1 Continues to develop an appreciation of others' worth and dignity

2 Continues to develop a sense of effective human relations (e.g., being a friend, accepting and valuing differences, empathy)

3 Acknowledges the multiple roles, contributions, and abilities of males and females

4 Continues to expand social skills (e.g., understands a need for rules and structure, suggests and negotiates rules)

5 Cooperates in pairs and groups through leading *and* following

6 Requires less direct supervision in all areas (e.g., home, learning, neighborhood)

7 Appreciates diversity among individuals' a) strengths/limitations, b) handicapping conditions, c) maturation, d) language variations, and e) cultural heritage

8 Is becoming aware of the importance of being a good sport

## Physical Outcomes: Birth to 9 Years

Through exploring and manipulating the environment, the helpless and dependent baby grows into a self-sufficient and competent child of nine. From being carried by another, through taking the first faltering steps, the child moves to coordinated mastery of physical movement. From random thrashing movements, through increasingly purposeful use of hands, to skillful, precise, and coordinated use of tools and technology, the child becomes a contributing member of the human family. Physical development enhances cognitive growth as real actions bring understanding to abstract concepts.

## Physical Indicators From Birth to 15 Months

### Gross Motor

1 Maintains midline head control

2 Rolls over

3 Crawls, creeps, or scoots

4 Moves to sitting position
5 Sits alone independently
6 Pulls to stand through half-kneel position
7 Crawls upstairs
8 Crawls downstairs backwards
9 Stands independently
10 Takes steps with support
11 Walks

**Fine Motor**

1 Reaches for object
2 Picks up object or food with palmar grasp
3 Independently releases objects
4 Transfers objects hand to hand
5 Reaches, grasps, and puts objects in mouth
6 Pushes, pulls, and throws objects away from self
7 Manages more than two small objects with hand/grasp
8 Isolates an index finger for poking or pushing small toy
9 Puts in and dumps out

## Physical Indicators at 2.5 Years

**Gross Motor**

1 Walks backwards
2 Walks on uneven surfaces
3 Walks upstairs by placing both feet on step and using support
4 Climbs
5 Sits self in small chair from standing position
6 Rides small toy, pushing with feet on ground
7 Traps a large ball
8 Starts running
9 Moves to music

**Fine Motor**

1 Uses palmar grasp when scribbling
2 Uses neat pincer grasp to finger-feed self
3 Drinks from open cup with moderate spillage
4 Uses spoon for self-feeding with some spillage
5 Pulls zipper down
6 Paints with whole arm movement, shifts hands, makes strokes

## Physical Indicators at 4.5 Years

### Gross Motor

1 Begins to develop control of body movement (e.g., hopping, jumping, balancing, bending, stretching, walking, running)

2 Continues to develop body strength and stamina in pulling, pushing, climbing, swinging, walking, running

3 Begins to develop body coordination (e.g., galloping, jumping, swinging, balancing, leaping, pedaling, swimming, dancing)

4 Continues to develop body flexibility (e.g., running, dancing, climbing, wiggling, stretching, crawling)

5 Continues to develop large muscle strength and coordination with large objects (e.g., throwing, bouncing, kicking, striking, pedaling, steering a vehicle, carrying, catching)

6 Begins to moves rhythmically to music

7 Begins to use equipment for physical development (e.g., slides, swings, jungle gyms, balls, bats, tricycles, sleds)

### Fine Motor

1 Developing small muscle control (e.g., threading, stacking, reaching, building, assembling, rolling, releasing, grasping, kneading, drawing, cutting, pasting)

2 Developing small muscle strength (e.g., pounding, kneading, pulling, using tools, rolling, squeezing, scrubbing, pumping)

3 Developing eye-hand coordination (e.g., assembling, lacing, using utensils, sewing, folding, tearing, tracing, dressing skills, cutting, painting, drawing, self-help skills, pressing buttons, pulling levers)

## Physical Indicators at 6.5 Years

### Gross Motor

1 Begins to coordinate multiple physical skills
  a walking and hopping together to become skipping
  b jumping and rope turning become jumping rope
  c grasping, swinging, and balance become batting

2 Begins to use physical skills in organized game activities

3 Continues to refine coordination of individual gross motor skills (e.g., throwing, catching, running)

4 While outside or in large open spaces, engages in playful activities that use a variety of physical skills (e.g., running, holding, balancing) which result in building strength, coordination, flexibility, and endurance

5 Is acquiring a conscious control of body and limbs and demonstrates many ways in which each body part can move

6 Organizes and uses body and objects to explore spatial concepts (e.g., over, under)
7 Spontaneously moves with smoothly integrated body actions
8 Knows and applies safety precautions
9 Takes pride in own movements and involvement
10 Begins to respond to a variety of rhythmic stimuli through body movements
11 Is able to appropriately use equipment for physical development (e.g., climbing bars, bicycles, balls, bats, skates, playground equipment)

## Cognitive Outcomes: Birth to 9 Years

The mind of the child is searching for meaning. This drive, or yearning to know, is the basis for intellectual development. As the child attaches meaning to perceived events and experiences, each new event is incorporated into the child's expanding image bank, providing for new approaches to tasks. The child moves from a reliance on concrete objects and firsthand experiences to an increasing ability to think more abstractly.

Through observing, listening, and making inferences related to life experiences, the child becomes capable of complex thinking. Curiosity motivates the child to solve problems, at first by trial and error and later through using strategies, resources, and techniques to test out hypothetical possibilities and find solutions The child learns to acquire, organize, and use information in increasingly complex ways.

## Cognitive Indicators From Birth to 15 Months

### Attention

1 Responds to own name
2 Responds to simple questions (e.g., "Where's kitty?")

### Curiosity

1 Inquires into the environment through manipulation and exploration

### Perception

1 Discriminates and adapts to sounds and visual stimulation in the outside world
2 Uses all five senses to gain information
3 Recognizes own image in the mirror
4 Perceives familiar objects after seeing only parts of them

### Memory

1 Recognizes caregiver by voice
2 Recognizes objects and people
3 Imitates play demonstrated by others
4 Anticipates from cues or sounds routine activities (e.g., feeding, diapering)

### Problem Solving

1 Explores objects (e.g., grasps, puts in mouth, rolls/stomps on)
2 Manipulates objects to discover effects (e.g., shaking, banging, dropping)
3 Positions self to reach and interact with environment
4 Protects self by placing hand up or turning away as an object comes close
5 Makes needs known through verbal and nonverbal cues

### Logical Thinking

1 Purposefully reaches and grasps objects
2 Purposefully performs an action on an object to see the effect
3 Imitates an action to see another person react
4 Begins to retain the memory of absent objects/persons/events
5 Recognizes the possibility of absent objects/persons to reappear

## Cognitive Indicators at 2.5 Years

### Attention

1 Has greater attention when touch and action are involved
2 Looks at story-book pictures with an adult
3 Returns to focus on something after being distracted
4 Attends when adult's attention is focused on child
5 Concentrates on activities of choice such as putting objects into a bottle
6 Attends to familiar songs, rhymes, and games
7 Matches similar objects

### Curiosity

1 Experiences self as an enthusiastic explorer of the environment
2 Experiences self as one who has some control over environment
3 Investigates and inquires about everything experienced
4 Finds most things experienced worth knowing about

### Perception

1 Continues to rely on five senses to gain information
2 Perceives rhythm in music and responds

3. Recognizes some colors
4. Recognizes miniatures as representatives of real, known objects
5. Assembles simple puzzles
6. Matches similar objects

**Memory**

1. Learns routines and expects them in the environment
2. Begins to recall and label recent events, perceptions, and relationships
3. Begins to have a sense of what is acceptable and unacceptable based on external controls
4. Responds to mention of absent objects or people
5. Retains commands long enough to respond
6. Repeats parts of songs or poems

**Problem Solving**

1. Uses locomotor skills to satisfy curiosity and to meet needs
2. Beginning to use language to solve problems:
    - a makes needs known
    - b responds to verbal directions
    - c uses names of people and objects
    - d questions through words or gestures
3. Initiates some self-care

**Logical Thinking**

1. Expects absent objects or persons to reappear in appropriate places or at appropriate times
2. Sees similarities and differences in concrete objects, events, and persons
3. Begins to understand how objects can be ordered and events can be sequenced
4. Is able to group objects on the basis of a single characteristic by labeling, matching, and sorti

## Cognitive Indicators at 4.5 Years

**Attention**

1. Is increasingly able to focus on the relevant task
2. Is beginning to screen out distractions
3. Persists for longer periods of time on child-initiated tasks
4. Focuses attention on adult-directed tasks for short time
5. Can reproduce simple constructions from a model or after a demonstration
6. Shows increased attention when manipulating objects

**Curiosity**

1 Is eager to know and to do
2 Believes in self as a learner
3 Experiences self as having increasing control over environment
4 Finds excitement in discoveries
5 Is developing special interests
6 Continues to satisfy curiosity with exploration and manipulation

**Perception**

1 Recognizes and may label likenesses and differences in shapes, patterns, and figures
2 Reproduces visual patterns
3 Recognizes and may label likenesses and differences in sounds
4 Reproduces auditory patterns (e.g., clapping, singing)
5 Begins to keep time to a rhythmic pattern
6 Begins to use a combination of perceptual cues in tasks requiring attention to features like color, shape, texture, or size

**Memory**

1 Describes: labels animate/inanimate objects, events, processes
2 Gains increased ability to recall recent and past events, perceptions, relationships, labels
3 Begins to link past and present information
4 With assistance, is developing simple memory strategies
5 Is gaining skill in following directions
6 Remembers stories, poems, and songs

**Problem Solving**

1 Seeks information by observing, asking questions of people, and exploring available materials
2 Practices to refine skills and gain mastery of tasks
3 Uses real-world experiences and physical items to solve problems:
  a measures through estimating using non-standard measures, (e.g., string, blocks)
  b notices patterns recurring in the environment
  c understands relationships between parts and whole
  d uses counting to determine how much is needed
4 Begins to recognize difference between real and imagined events

**Logical Thinking**

1 Begins to organize information by:
  a classifying (e.g., grouping blocks by color or shape)
  b quantifying (e.g., compares amount of juice)
  c ordering (e.g., arranges blocks by size)
  d ranking (e.g., decides which is light, lighter, lightest)
  e sequencing (e.g., tells what happened first, second, third)

  f analyzing (e.g., looking at parts of a block structure)
  g synthesizing (e.g., putting a puzzle together)
  h seriating (e.g., biggest to smallest)

2 Can use one object to represent another object which is not present (e.g., block to represent truck)

3 Begins to understand symbols such as traffic signs, commercial logos, restroom signs

4 Relates information by making simple comparisons and generalizations and by forming simple cause/effect hypotheses

5 Reasons and solves problems through inferring, concluding, beginning hypothesis testing, creative thinking, inventing

## Cognitive Indicators at 6.5 Years

### Attention

1 Attends to relevant variable for longer periods

2 Beginning to attend to auditory and visual stimuli while still dependent upon tactile sense

3 Maintains attention through use of additional sensory perceptions in addition to touch

### Curiosity

1 Likes to learn

2 Feels competent as a learner

3 Sees self as a contributing member of a learning community

4 Is eager to understand, see relationships, and find meaning in an expanding environment

5 Continues to identify special interests (e.g., hobbies)

### Perception

1 Continues to use the five senses separately and in combination to gather data and make finer discriminations
  a uses visual, auditory, tactile/kinesthetic, taste, and smell to perceive properties, characteristics, and attitudes
  b creates patterns and sees relationships in the living and nonliving environments

2 Relies on the way of learning, or sensory modality, which is currently dominant

3 Practices using less dominant modalities of seeing, hearing, handling, tasting, or smelling

4 Begins to develop perceptual discrimination in using symbolic systems (e.g., numeric, alphabetic, musical, graphic, spatial)

### Memory

1 Remembers information, events, and experiences

2 Links past and present information

3 Develops memory strategies (e.g., rhymes, lists, cues)

4 Tells a coherent story, placing events in correct order

**Problem Solving**

1 Solves everyday problems through
  a measuring, using simple, non-standard units
  b seeing relationships: part/whole, hazard/safeguard
  c using tools to repair, cook, clean, record information
  d exploring possibilities by role playing

2 Begins to identify appropriate resources to solve problems
  a books, magazines, television
  b adults and other children
  c museums, libraries, zoos, stores, offices

3 Tries out unusual and/or multiple solutions

4 Continuing to recognize differences between real and imagined experiences

**Logical Thinking**

1 Begins to move from graphic representation to symbolic (e.g., picture of truck to word "truck")

## Cognitive Indicators at 9 Years

**Perception-Continued**

1 Attaches meaning to new experiences from an existing range of store perceptions

2 Creates and integrates patterns and relationships in the living and non-living environments

**Memory**

1 Uses memory strategies (e.g., rules, sayings, or mnemonic devices)

2 Uses recall as a basis for abstract thinking
  a predicts future events
  b imagines what could be
  c synthesizes past experiences

3 Applies recalled information and experiences to
  a develop imaginative play
  b attach meaning to new experiences
  c formulate needed rules

**Problem Solving**

1 Uses techniques to solve problems (e.g., graphing, outlining, brainstorming, mapping, webbing, organizing data)

2 Uses resources to solve problems:
   a knows where to find relevant resources
   b knows how to use resources
   c knows how to use available technology

3 Uses strategies to problem solve
   a applies knowledge from past experience to new problems
   b imagines hypothetical possibilities
   c compares several possible solutions

4 Evaluates quality of own and others' work, ideas, and opinions

**Logical Thinking**

1 Is becoming a problem solver
   a identifying problems
   b considering possible causes
   c locating resources to solve problems
   d testing solutions

2 Is becoming a critical thinker
   a comparing and contrasting ideas
   b analyzing concepts
   c synthesizing ideas
   d relating parts to whole

3 Is becoming a scientific thinker
   a observing
   b recording data
   c predicting outcomes
   d experimenting
   e drawing conclusions

4 Is becoming an abstract thinker
   a solving problems without concrete materials
   b relating past, present, and future

## Appendix C

# *The Individualized Education Plan*

Page 1 of

| | |
|---|---|
| **IEP Meeting Date:** ________<br>**IEP Written Date:** ________<br>**Last Assessment Summary Report Date:** ________<br>**Progress Report Frequency:** ________ | **INDIVIDUALIZED EDUCATION PROGRAM (IEP)** |

## A. STUDENT INFORMATION

| | | | | |
|---|---|---|---|---|
| Student's Name | Sex<br>M F | Grade | Birthdate | ID Number |
| Street Address<br>City, State, Zip | | | Native Language/Primary Communication Mode | |
| School of Enrollment | | School Telephone<br>( ) | | Providing District Number |
| Student's Permanent Resident Address (if different) | | | | Resident District Number |

## B. PARENT/GUARDIAN INFORMATION

| | | | |
|---|---|---|---|
| Parent(s)' Name(s) | Home Telephone<br>( ) | Daytime Telephone<br>( ) | School District Number |
| Parent's Address (if different) | | Native Language/Primary Communication Mode | |
| Guardian(s)/Surrogate Parent(s) Name(s) | | ☐ Guardian(s) | ☐ Surrogate Parent(s) |
| Guardian(s)/Surrogate Parent(s) Address (if different) | | Home Telephone<br>( ) | Daytime Telephone<br>( ) |

## C. IEP INFORMATION

| | | | |
|---|---|---|---|
| IEP Manager Name & Title | | Telephone Number<br>( ) | Type of IEP:<br>☐ Initial ☐ Annual ☐ Interim |
| Primary Disability | State Code | Secondary Disability(ies) | State Code(s) |

## D. IEP TEAM MEETING

| Title | Names of All Team Members | Indicate Attendance |
|---|---|---|
| Parent | | ☐ Yes ☐ No |
| Parent | | ☐ Yes ☐ No |
| Student | | ☐ Yes ☐ No |
| School District Representative | | ☐ Yes ☐ No |
| Special Education Teacher | | ☐ Yes ☐ No |
| General Education Teacher (K-12 Only) | | ☐ Yes ☐ No |
| | | ☐ Yes ☐ No |
| | | ☐ Yes ☐ No |
| | | ☐ Yes ☐ No |
| | | ☐ Yes ☐ No |

*A copy is sent to the student's resident district when the student is not a resident of the providing district.*

Copies: Due Process File IEP Manager
Parent

This form is available in several languages, Braille, or other format. Contact the director of special education.

Page of Student's Name: ______________________________

| | |
|---|---|
| E.1 | **PROGRAM PLANNING** |

***Following initial assessment or a reassessment, the Assessment Summary Report may be attached to the IEP.***

How the student's disability affects his/her involvement and progress in the K-12 **general curriculum**:
(for students using Braille, includes how Braille will be implemented through integration with other classroom activities)
For **preschool** children or students age **18 – 22**, how the disability affects participation in **appropriate activities**:

**Summary of Strengths and Concerns (Optional)**

Student's **strengths:**

**Educational concerns** of parent(s) and student:

For students by grade nine or age 14 or older, how the student's **interests** and **preferences** were **considered** and **included** if the student did not attend this IEP meeting:

Page of Student's Name: ____________________

**E.2** PROGRAM PLANNING

**Performance Areas**

☐ Intellectual/Cognitive Functioning
☐ Academic Performance
☐ Functional Skills
☐ Communication
☐ Motor Skills
☐ Emotional, Social, and Behavioral Development
☐ Sensory
☐ Health/Physical

***For students by grade nine or age 14 or older, use section E.3 (Transition Program Planning).***

***Following the initial assessment or a reassessment, the Assessment Summary Report may be attached to the IEP.***

**Present Level(s) of Educational Performance:**

**Student-based Needs:**

**Annual Goal:**
___ of ___ Goals

**Short Term Objectives or Benchmarks:**

**Progress Notes:**

**Annual Goal:**
___ of ___ Goals

**Short Term Objectives or Benchmarks:**

**Progress Notes:**

Page of

Student's Name: ______________________

| E.3 | TRANSITION PROGRAM PLANNING |
|---|---|

**Transition Areas**
*(All areas must be addressed.)*

- ☐ Employment
- ☐ Post-Secondary Education & Training
- ☐ Community Participation
- ☐ Recreation/Leisure
- ☐ Home Living/Daily Living

***Following the initial assessment or a reassessment, the Assessment Summary Report may be attached to the IEP.***

**Future Outcome/Goal:**

**Present Levels of Performance:**

**Student-based Needs:** *(for instruction, experiences, and related services)* ***If no need, provide rationale.***

**Activities Planned to Meet Future Outcome/Goal:** *(school courses/standards; home, community, and work experiences; and/or related services)* ***Identify who is accountable for each activity.***

**Annual Goal:**
___of ___ Goals

**Short Term Objectives or Benchmarks:**

**Progress Notes:**

**Annual Goal:**
___of ___ Goals

**Short Term Objectives or Benchmarks:**

**Progress Notes:**

Page of Student's Name: ____________________

## E.4 PROFILES OF LEARNING

See documentation attached to this IEP.

## F. ADAPTATIONS IN GENERAL AND SPECIAL EDUCATION

F.1 **Adaptations** and the duration of these adaptations, including supplemental aids and services to be used in general and special education that will be made available **to the student** (e.g., grading, staff, transportation, facilities, materials, equipment, assistive technology devices and services, curriculum, methods, coordination of support services, vocational services and equipment, limited English proficiency services, school discipline policy, paraprofessional services, and other services):

F.2 Program modifications or supports for **school personnel** that will be provided to meet the student's identified needs:

## G. RIGHTS AT AGE OF MAJORITY

*Address **only** in IEPs for students who will reach age 17 during the tenure of this IEP.*

☐ The student, upon reaching age 17, has been informed of the rights which will transfer to him/her upon reaching the age of majority (18), unless legal guardian or conservator has been appointed.

Student's Signature: ____________________ Date: __________

Page of Student's Name: ____________________

## H.1 MINNESOTA STATEWIDE TESTING

***Address only in IEPs developed for grades 3, 5, 8, 10+.*** Grade level to be covered: ________

*(Check the appropriate box.)*

A. ☐ If applicable, the team plans for the following **accommodations** for test administration: (Test **modifications** are not allowed for Statewide Testing.)

B. ☐ Student is **exempt**. The alternate assessment will be used.

1. Rationale for exemption:

## H.2 BASIC STANDARDS TESTING

***Address only in the IEP for grade 8 or above.***

Prior to Basic Standards Testing, the team determined the following standards for this student:

**Accommodations** if appropriate or if needed:

**Modifications** if appropriate or if needed:

If **exempt**, the reason:

If **exempt**, the alternate assessment(s) to be used:

*Check the appropriate box to indicate the level the student will attempt for testing:*

| | State | Individual * | Exempt ** | Passed |
|---|---|---|---|---|
| Reading: | | | | |
| Math: | | | | |
| Writing: | | | | |

* If the modification is to alter the district's passing level, **test score expected** to be achieved is entered.

** If the student is **exempt,** the goals on the IEP will be the criteria for awarding the diploma.

Page of Student's Name: ______________________

## I. SPECIAL EDUCATION AND RELATED SERVICES TO MEET GOALS AND OBJECTIVES

| Instruction or Service Provided | Location |  | Anticipated Frequency | Total Minutes Per Week |  | Service |  |
|---|---|---|---|---|---|---|---|
|  | General Education | Special Education |  | Indirect | Direct | Start Date | Anticipated Duration |
|  |  |  |  |  |  |  |  |
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## J. EXTENDED SCHOOL YEAR

I.3 Are **extended school year services** required for this student? ☐ Yes ☐ No

**If yes**, reasons are described here or attached.

## K. INTERAGENCY SERVICES

| Agency Name | Interagency/Organization Linkages *(Identify services, funding, responsibilities, etc.)* |
|---|---|
|  |  |
|  |  |
|  |  |

## L. ALTERED SCHOOL DAY

Has this student's day been altered? ☐ Yes ☐ No **If yes**, reasons are described here or attached.

Page of Student's Name: ______________________________

## M. PLACEMENT DETERMINATION: LEAST RESTRICTIVE ENVIRONMENT (LRE)

### M.1 Activities With Students Without Disabilities

*Check the appropriate box(es).*

If in K-12, activities in which the student will be participating with students who do not have disabilities:

☐ **All** the following activities

☐ Core Subject Areas : ______________________________

☐ Art
☐ Music
☐ Library

☐ Physical Education
☐ Assemblies
☐ Lunch

☐ School to Work
☐ Recess
☐ Field Trips

☐ Extracurricular Activities: ______________________________

☐ Other: ______________________________

### M.2 LRE Justification

**Other options** considered and why rejected, and **why** this student's disability requires service(s) in this setting:

### M.3 Federal Child Count Setting

*Check the appropriate box:*

| K – 12 + | | Setting | | ECSE Age 3 to Kindergarten Entrance |
|---|---|---|---|---|
| General Education (In special education less than 21%) | → | ☐ I. | ← | Early Childhood Setting or Homebased |
| Resource Room (21 to 60%) | → | ☐ II. | ← | Parttime EC Setting or Home and ECSE or Reverse Mainstreaming or Itinerant Services |
| Separate Class (more than 60%) | → | ☐ III. | ← | ECSE Classroom |
| Public Separate Day School | → | ☐ IV. | ← | Public Separate Day School |
| Private Separate Day School | → | ☐ V. | ← | Private Separate Day School |
| Public Residential | → | ☐ VI. | ← | Public Residential |
| Private Residential | → | ☐ VII. | ← | Private Residential |
| Homebased/Homebound/Hospital | → | ☐ VIII. | ← | Homebound/Hospital |

***Note: Provide Notice of Proposed Special Education Services***

# Appendix D

# *The Individualized Family Service Plan Form*

## MINNESOTA INDIVIDUALIZED FAMILY SERVICE PLAN

Purpose: to "enhance the capacity of families to meet the special needs of their child"

**Type of IFSP** ○ Interim ○ Initial ○ Annual ○ Transition ○ Other

**Child's Name:** ............................ , ............................ **Nickname:** ............................ **Date of Birth:** ............................

**Gender:** ○ M ○ F **MARSS ID#** ............................ **Insurance:** ............................

**Child's Presenting Concerns and/or Diagnosis:** ............................

**Resident School District** ............................ **Serving School District** ............................

**Resident County** ............................ **Serving County** ............................

**Parent/Guardian Information: Relationship** ............................ **Parent/Guardian Information: Relationship** ............................

**Name:** ............................ **Name:** ............................

**Address:** ............................ **Address:** ............................

**Telephone: Day:** ............................ **Telephone: Day:** ............................

**Evening:** ............................ **Evening:** ............................

**Primary Language at Home:** ............................ **Child's Primary Language:** ............................ **Race/Ethnicity** ............................

**Directions to home:** ............................
*(optional)*

---

**DATES**

**IFSP Service Coordinator assigned:** ............................ **position:** ............................ **on** ☐

**agency:** ............................ **phone:** ............................

**agency type:** ○ Health ○ Social / Human Services ○ Education ○ Private Provider ○ Parent Coordinator ○ Other

**Team Meeting Dates to develop IFSP if other than date written:** ............................

**Date IFSP Written:** ☐

**Educational Services to Begin:** ☐

**Projected IFSP periodic review (time / location if known):** ............................ **Projected Review:** ☐

**DATE REVIEWED (6 month or less):** ☐

**Projected Annual Review:** ☐

**On the following dates, I received notice of my rights to request:** **Three Year Reassessment Due:** ☐

☐ conciliation conference, mediation and/or due process hearing for special education services;
☐ conciliation conference and due process hearing for county developmental disability case management and related services;
☐ due process hearing for county social services and/or medical assistance.

*Individualized Family Service Plan* from State of Minnesota; Department of Children, Families, and Learning, Department of Health, and Department of Human Services. *Guidebook for Minnesota's Individual Family Service Plan (IFSP).* (1995). St. Paul, MN: Author.

Child's Name:

**FAMILY THOUGHTS**

## Family Considerations and Concerns for the Individualized Family Service Plan

1. **Please describe how you see your child. Tell what you most like, any concerns or needs. (Please use the back or additional paper if desired.)**

2. **Which of the following do you or other family members feel are important concerns or areas about which you would like more information?**

**for your child**

☐ getting around
☐ communicating
☐ learning
☐ eating, nutrition
☐ sleeping
☐ toilet learning
☐ having fun w/other children
☐ challenging behaviors/emotions
☐ equipment or supplies
☐ health or dental care
☐ pain or discomfort
☐ vision
☐ hearing
☐ other

**for your family**

☐ meeting other families whose child has similar needs
☐ planning/expectations for future
☐ finding a support group
☐ information/ideas for brothers, sisters, friends, relatives, others
☐ finding or working with doctors/other specialists
☐ coordinating child's medical care
☐ coordinating/making appointments,dealing with agencies
☐ learning about different services and how they work
☐ information about available resources
☐ information about specific special needs
☐ explaining professional terms/roles
☐ help with transportation (to school, appointments, or vehicle adaptation)
☐ finding child care
☐ people who help in your home/care for your child so you can have a break
☐ assistance with housing, clothing, jobs, food, telephone
☐ assistance in obtaining funds for extra cost of child's special needs

☐ help with insurance
☐ information about recreational opportunities
☐ interpreter -- language ..............................................
☐ other

**notes**

3. **What type of help would you want for your child and family in the months or year ahead?**

4. **What else do you think would be helpful for others to know about your child? ...about your family?**

Child's Name:

**MEETING PLAN** **After reviewing Family Considerations, the family and facilitator determine what to discuss at the IFSP team meeting. (List the topics, questions and information to share; decide what sequence to follow, and estimate time needed.)**

GENERAL NOTES

**People to consider for team members who will be helpful or supportive to the child and family outcomes/issues/tasks.**

**Family/Community:**
- * parents
- other family members, relatives, friends
- community, civic, disability or parent group representatives
- respite care providers
- child care providers
- advocates
- legal representatives
- ministers, other support personnel
- other: ______________________

**Social Services:**
- developmental disabilities case worker
- income maintenance/economic assistance worker
- mental health professional
- child welfare worker
- social worker
- other private providers

**Health Care:**
- primary physician
- other physicians
- private home health care provider
- primary nurse
- other hospital staff

**Health Care : (continued)**
- public health nurse
- community health service provider
- habilitation providers (private therapy)
- MCSHN staff
- mental health providers
- personal care attendants
- other: ______________________

**Education:**
- * School District representative
- * Early Childhood Special Education teacher/staff
- school nurse
- Early Childhood Family Education teacher/staff
- Head Start teacher/staff
- Community Education staff
- early childhood program staff (eg: nursery school, child care)
- kindergarten-regular/special educators, related service providers
- occupational therapist
- physical therapist
- speech therapist
- other: ______________________

* must attend to meet Educational requirements

note: If there is an overriding medical condition, a health professional must attend

**SCHEDULING IFSP MEETINGS**

*Settings and times convenient to family*

Child's Name:

## A. IFSP Team Membership

Although team membership may change, the initial team is determined **BEFORE** the IFSP meeting.

| Name / Position / Agency / Address / Phone / Availability | Attend? |
|---|---|
| | ☐ Y<br>☐ N |
| | ☐ Y<br>☐ N |
| | ☐ Y<br>☐ N |
| | ☐ Y<br>☐ N |
| | ☐ Y<br>☐ N |
| | ☐ Y<br>☐ N |
| | ☐ Y<br>☐ N |

## B. IFSP Service Summary

If a Team Member provides service, summarize the service information. This section should be filled out at the **END** of the meeting.

| Service / Location / Amt / Frequency | Min/Wk ** Dir | Ind | Start Date | Duration |
|---|---|---|---|---|
| | | | | |
| payment arrangements:<br>authorized signature: | | | | |
| | | | | |
| payment arrangements:<br>authorized signature: | | | | |
| | | | | |
| payment arrangements:<br>authorized signature: | | | | |
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| payment arrangements:<br>authorized signature: | | | | |
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| payment arrangements:<br>authorized signature: | | | | |
| | | | | |
| payment arrangements:<br>authorized signature: | | | | |
| | | | | |
| payment arrangements:<br>authorized signature: | | | | |

** Minutes per week is a requirement used for administrative reporting, and does NOT reflect scheduling

Child's Name:

**Team Description of** ........................ **on** ........................
(today's date)

Date of Birth:

This is a description of the child as a whole, written at the IFSP meeting. It is a summary statement easily understood by all team members. Include ALL team members' descriptions of the child through observation and assessment. Describe all aspects of the child using the suggested categories indicated at the bottom of the page. (There **MUST** be a statement for each of the areas in **bold** print.) Think of the child in the context of daily routines and settings. Be sure to list the child's strengths as well as problems.

**ATTACHMENTS:** ☐ Assessment Summary Report ☐ Care Plans (Health) ☐ Other: ........................................

| Description of Child | Child's Needs |
|---|---|
| | |

**Current health and medical status**
**Social/emotional/behavioral development**
**Physical/motoric development**
Environmental (basic needs)
**Basic senses including hearing and vision**
**Adaptive development**
Academic performance (when appropriate)
Legal representation
**Communication**
**Cognitive development**
Self help skills
Community access/use

Child's Name:

ACTION - 1

**ACTION PLANS for the Child / Family / Team**

| Date | Activity or Desired Change | People who can help | Notes |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**TRANSITION PLANNING CHECKLIST**

- ☐ Discussed transition with families.
- ☐ Obtained parental consent.
- ☐ Notified child study team of transition.
- ☐ Convened transition conference.
- ☐ Reviewed child's program options from 3rd birthday to end of school year.
- ☐ This IFSP includes one or more Transition Outcomes.

Child's Name:

**OUTCOME #____**

**Where do we want to be?** *(Major Outcome or Goal)*

**Periodic Review Date:** ..........................

**Please provide a description of the degree of progress written in the same format as the objective. You should also indicate whether to continue (C), modify/revise (M) or discontinue (D) the objective.**

**What steps do we need to take?** *(Objectives or Subgoals.)*
*Include criteria, procedures, and timelines used to determine progress.*

**Service and Person Responsible**

**Steps the county will take to develop service if unavailable.**

Child's Name:

**OTHER DATA**

**THE IFSP TEAM ASSURES IT CONSIDERED ALL SETTING OPTIONS AND HAS SELECTED THE LEAST RESTRICTIVE.** ☐ Yes ☐ No

**Check ALL settings where services will be provided.**

☐ CHILD'S HOME
☐ OTHER FAMILY LOCATION
☐ FAMILY DAY CARE
☐ COMMUNITY BASED PROGRAM
☐ ECFE
☐ CHILD CARE PROGRAM
☐ EARLY CHILDHOOD PROGRAM
☐ HEADSTART
☐ SCHOOL DISTRICT ECSE CLASSROOM

**Federal Child Count Setting #:** ..................

**If School District Special Education classroom is selected, give rationale.**

**What can we do to help this child access all places? Specific places?**

**When you sign this form, it means that you have read or have had this Individualized Family Service Plan read to you. Signing this document means you agree with the goals and services for your family and child as written in this plan. It is important that you know you have the right not to sign this plan if you do not agree with it in its entirety.** (note: Education must use Notice of Special Education Services.)

..................................................................................................
signature(s) / relationship

..................................................................................................
signature(s) / relationship

***If this document becomes inactive prior to its annual review date, please provide the Document End Date:*** .................. ***Reason:*** ..................

## INITIAL IFSP ONLY

**DATES**

**Referral: by:** .................................................. **to:** .................................................. ☐
**reason:** ..................................................................................................

**Assignment of Facilitator: name:** .................................................. **position:** .................................................. ☐
**agency:** .................................................. **address:** .................................................. **phone:** ..................

**Initial Family / Facilitator Collaboration: location:** .................................................. ☐
**persons present:** ..................................................................................................

**Age At Eligibility Determination : (Years and Months)** .................................................. **Initial IFSP Written:** ☐

**Basis Of Eligibility** ☐ Medical Diagnosis plus Need for Special Education ☐ Overall Delay plus Need for Special Education
☐ Motor Delay plus Need for Special Education ☐ Meets Categorical Criteria for ..................

Child's Name:

**CALENDAR (Optional)**

## Summary of Child /Family /Provider Activities:

To help look at the whole picture, organize, or cross check responsibilities and schedules, etc

☐ Sample Day ☐ Sample Week ☐ Sample Month ☐ Other

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

***THIS PAGE MUST BE COMPLETED FOR PUPILS AGES 3 AND OLDER:***

**Is there an Interagency Agreement in place for pupils 3 and over?** ☐ Y ☐ N

**Are Extended School Year services required?** ☐ Y ☐ N
**If yes, attach the statement per MR 3525.2900 Subpart 1G.**

**Has this pupil's school day been altered?** ☐ Y ☐ N
**If yes, describe the need as per MR 3525.2900 Subpart 3E.**

**Can the pupil follow the district and building discipline policy?** ☐ Y ☐ N
**If no, describe (or attach) the changes or accommodations that will be made to these policies.**

**Is a conditional behavioral intervention procedure needed?** ☐ Y ☐ N
**If yes, attach description in accordance with MR 3525.2900 Subpart 3G and 5A(1).**

**For pupils over the age of 3, who are served in Federal setting II through VIII (as indicated on the data page), describe the opportunities and activities to interact with peers not receiving special services and how these interactions will be facilitated.**

**Describe changes that will be made, including supplemental aids and services that will be used in general and special education , to permit successful education of the pupil. (e.g. grading, credits, staff, transportation, facilities, materials, equipment, technology, adaptive devices, techniques or methods, curriculum, coordination of support services, vocational services and equipment, etc.)**

**PRIMARY DISABILITY:** ______________________ **CODE** __________

# Appendix E
# *Articles on Behavior Management*

## Encouragement

*Sharon Hendrickson-Pfeil, M.S., M.A., CCC*

Giving encouragement is a vital part of child rearing. Your encouragement tells your child that you believe the child is a capable person, someone who can learn to make good choices.

Children who feel good about themselves keep working until they master new skills. They enjoy taking on new responsibilities. They expect to succeed.

Children who are discouraged about their own abilities often turn to inappropriate, destructive behaviors. They become "good at being bad" to get attention by misbehaving. Or they just give up.

### How are encouragement and praise different?

Real encouragement helps your child become self-sufficient, while praise can backfire and actually be discouraging Praise evaluates the child or the child's work as "good" or "bad." Encouragement separates the deed from the doer. Most of us use both, especially with very young children. But the more real encouragement you give, the stronger your child will be as an independent learner. Some examples include the following:

*Encouragement*

- You're learning!
- That looks like fun!
- You got it!
- Now you know how!
- You can do it!
- Thank you!
- You kept on trying and you learned how!
- You really thought about it that time!
- You're really paying attention!
- You're learning!
- You're really listening!
- You're really sharing!
- You're really taking your time!

*Praise*

- Good boy! *or* Good girl! (The child may wonder, "If I mess up am I still OK?")
- I'm proud of you. (The child may wonder, "What if I can't do it right or I forget next time?")

### How do we discourage children?

Avoid outright discouragement at all costs. This teaches the child it's useless to learn or to try to take on new responsibilities. It also destroys trust in adults. But we often discourage children without realizing that we are doing so. Here are some examples:

- No – not like that!
- Didn't you listen?
- You *never* pay attention!
- You never take your time!
- You never listen!
- Your brother never behaves like this!
- Your sister already knows how.
- Why can't you be like...?

### How can I teach my child to correct mistakes?

The aim of correction is to change behaviors in an encouraging, constructive way. Start by assuming your child's mistake was not deliberate. By taking a positive approach, you help your child learn new behaviors. Some words that help with correction are:

- Oh-oh!
- Take your time. You'll get it.
- Let's try it again.
- Let's try this.
- Let's try another way.
- Let's try a new way.
- Let's practice remembering that.
- Watch me again.

### What are some other ways to encourage my child?

- Help your child feel worthwhile by spending quality time together.
- Look at drawings, block creations, and school work together.
- Don't judge – just *share*.
- Buy or make educational toys. If your budget is tight, explore resale shops – they often have a good selection of children's toys. Ask your child's therapist or teacher for ideas about appropriate items for your child. Give a few toys at a time – most children, especially those with disabilities, are overwhelmed by too many items at one time.
- If your child is in school, set a regular time for homework. Provide a quiet, well-lit area and perhaps a snack.
- Really *listen* to your child. Give your full attention when your child shares experiences. Make sure to show your appreciation. Celebrate successes, but don't judge failures.
- Let your child see how you learn.

### Summary

Encouragement means being there for your child and recognizing the child as an independent human being who will learn if given the chance. If your child is sure of your caring, confidence, and respect, the child will develop self-esteem and will be stronger in all areas of learning.

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## Natural and Logical Consequences

*Sharon Hendrickson-Pfeil, M.S., M.A., CCC*

Every decision has a consequence. You can use consequences to help your child learn to make responsible choices and to develop mature behavior. Consequences can be *natural* – arising from behavior without your intervention – or *logical* – planned and applied by you.

A child who loses popcorn money for school will miss the treat. This is a natural consequence; you've done nothing to bring it about. Logical consequences also directly relate to the child's behavior. But they are planned, to help children reduce specific misbehaviors.

In working on a problem behavior, you may choose to stand back and let your child face the natural consequences of the behavior. Or you may explain some logical consequences to your child, then let the child select one and experience it.

### Are logical consequences different from punishment?

Natural and logical consequences both teach that the child has the power to solve problems. This sense of personal capability helps develop a sense of responsibility. Providing natural and logical consequences show you trust your child to work out solutions.

Punishment teaches that only adults have power, so only adults are truly responsible. It usually does not teach why responsible behavior is important because the punishment is often not related to the behavior.

Logical consequences, if well planned and presented, encourage and strengthen the child. Punishment only damages the child's self-esteem. Here are some of the important differences between punishment and logical consequences.

*Punishment*

- Makes the child the object of your anger, which may be expressed directly or indirectly
- Focuses on guilt
- Is not necessarily related to the misbehavior.

*Logical Consequences*
- Avoid anger and power struggles. The child is not judged or scolded.
- Focuses on problem-solving
- Always relate directly to the misbehavior.

**How do I select the right logical consequence?**

Logical consequences should be as close to natural ones as possible. Here are some examples of appropriate logical consequences.

- **Behavior:** Child throws food on the floor.
- **State logical consequence:** "If you throw your food, it will be all gone. Then there won't be any more until lunch time."
- **Action:** If child continues throwing food, let child experience the natural consequence of an empty plate. Assure child that you will fix a good lunch later.

- **Behavior** Child, age 1½ years, is fascinated by electric outlets. Child repeatedly tries to poke finger into one.
- **Demonstrate logical consequence:** Give warning – "That's a no-no" – then set child in playpen.
- **Action:** Each time child approaches the outlet, leave child in playpen a little longer. Child soon learns that approaching the electric outlet is choosing to be taken to playpen.

- **Behavior** Child plays roughly and noisily in front of the TV while you are watching a program.
- **State logical consequence:** "We're watching the TV. You can play quietly with a book or your doll or you can play in the other room. You decide."
- **Action:** If child doesn't settle down, say "I see you'd rather play in the other room. Come back and sit down with us when you're ready." Then follow through; guide child into the other room if necessary. If child continues to test you, simply say: "I see you're still not ready to play quietly. You've decided to stay in the other room. You can decide where you want to play again tomorrow night." Don't scold or explain further. Gently but firmly show that no more play in the living room will be permitted tonight.

- **Behavior:** Child has difficulty playing with other preschoolers and frequently hits them and grabs their toys.
- **State logical consequence:** In a firm, friendly voice, give child a choice. Child can play nicely, or sit alone for some "time out," until ready to play without hitting or grabbing.
- **Action:** Assure child that there will be another chance soon, then put child in time-out area. Don't scold, apologize, or explain that this avoids conflict, and you may not become the target of pleading or tears. If child leaves the time-out area to test the consequence, return child gently but firmly. Don't repeat explanations or make eye contact, which the child may find rewarding.

Some problem behaviors may be approached in one of several ways:

- **Behavior:** Your three-year-old does not like to ride in a car-seat. Child whines, wriggles, and protests during entire trip.
- **State logical consequence:** "When you make noise, I can't drive. Then we have to wait until it's quiet before we go."
- **Action:** Each time child begins to whine or protest, pull the car to the side of the road. Allow extra time when traveling together, and introduce this on a weekend or over a few days when you're not feeling hurried.

***Alternative:***

- **State logical consequence:** "If we get home on time, there'll be time for you to play outside. If you fuss and cry so we can't, there won't be time later on to do something fun."
- **Action:** If child fusses in the car, don't scold. When you get home, say: "Uh-oh, you fussed in the car. Now there's no time for playing. You can decide again next time."

### How do I explain and carry out logical consequences?

Always tell your child about the logical consequences of choices *before* the child misbehaves. The child must know that there is a real decision to be made.

Don't carry out unpleasant consequences when you're angry. Your tone of voice will make this seem more like punishment than a learning experience – and it won't work. Be friendly and matter-of-fact when you explain choices and when you follow through. Don't scold or nag. Be encouraging. If your child has lost a privilege as a logical consequence, make sure the child knows that soon there will be another chance to decide.

Natural consequences speak for themselves. If the child complains about these consequences express your confidence that the child can solve the problem.

### My child has a disability. Will natural and logical consequences work?

Yes! Keep your child's limitations in mind when you plan, explain, and carry out consequences. If your child has limited language comprehension, give simple explanations and consequences. Include older children in a family council when you plan house rules and logical consequences.

### Where can I find help in planning natural and logical consequences?

Some school districts and community agencies offer workshops and materials for the Systematic Training for Effective Parenting (STEP) program. The STEP program teaches specific techniques for using natural and logical consequences and lets parents share their experiences.

A family counselor or psychologist can help you tailor logical consequences to your child's needs. Help may also be available through your child's school – ask the school counselor.

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## Changing Your Child's Behavior: The Behavioral Approach

*Robert J. Bennetti, M.Ed.*

### What is the behavioral approach?

The behavioral approach is a way to change your child's behavior by using basic principles of learning. It is concerned with what your child does – how the child responds to the environment.

The behavioral approach translates inner events – such as emotions – into things that can be observed and measured. To measure "laziness," you can see how long your child takes to finish a job. You can measure "anger" by how often your child fights. To measure "fussiness," you can find out how often your child cries. This approach lets you work to change specific behaviors and determine whether the change happened.

### How does this approach differ from other approaches?

The major difference is the emphasis on behavior. Emotions, thoughts, and feelings are important, but they are hard to observe and difficult to predict, control, or change.

Some other approaches try to change how a child feels or what the child thinks about parents and playmates in the hope that the child's behavior will change. The behavioral approach is more concerned with the child's behavior – the idea is that a *change in behavior will change the way the child thinks or feels.*

Another important difference is the belief that a child *learns* how to behave – that behavior is not caused by underlying drives or characteristics that the child is born with.

### What are some of the principles of the behavioral approach?

The most important behavioral principle is that no behavior occurs in isolation. Behavior doesn't just happen – something else always happens first and sometimes causes the behavior. And there is always a consequence that follows the behavior.

There can be any of three major consequences: the behavior can be rewarded, punished, or ignored. When you reward a behavior it is more likely to occur again. When you punish or ignore a behavior it is less likely to occur again.

Behavior change – *learning* – occurs when you let your child experience the consequences of behavior. Your child is responsible for behavior *and* for the consequences that follow.

Of course, parents have been using rewards and punishments for years. The key is in *how* they are used. To begin with, you must set up rules or expectations for behavior in advance. With your child, review the behavior you expect. Be specific. Then go over the consequences, both negative and positive. The child must clearly understand the consequences of behavior.

By knowing the consequences ahead of time, your child can choose how to behave and must accept the consequences for that behavior. Your child's misbehavior is now the child's problem – not yours. And the reward for the behavior you desire will be the child's to enjoy. This eliminates the need for nagging, scolding, lecturing, and threatening.

The second principle is *consistency*. There is no single parenting skill more important than consistency.

You'll be much more effective in managing misbehavior and teaching your child more acceptable forms of behavior when you respond in a consistent manner. Inconsistency leaves children confused, mistrustful, and more likely to manipulate their parents. Inconsistency also teaches children that one way to get attention – a reward – is through misbehavior.

Consistency means agreeing on what is expected of the child as well as the consequences for both misbehavior and good behavior. It also means that both parents work together as a team.

The final principle is to pay more attention to your child's good behavior and accomplishments and less attention to the misbehavior and failures. It's easy to ignore your child's good behavior and devote your attention to the misbehavior. You can more effectively manage behavior by using the opposite approach. Praise your child as a reward for being cooperative, helpful, or well behaved. Rather than scolding or lecturing, try ignoring your child when the child is disruptive or misbehaving. Ignoring undesirable behavior can be a powerful way of disciplining your child.

**My child has a disability. Will the behavioral approach work?**

It should – the behavioral approach provides some of the most effective techniques to manage behavior. It's easy to learn, easy to teach, and easy to use. And it doesn't rely heavily on the child's verbal ability, so it works with children with even the most severe speech delays or intellectual or sensory impairments. And, since the approach is concerned with how your child *acts*, you'll be the first to know if it works.

**For more information**

- Dreikurs, R., & Soltz, V. 1964. *Children, the challenge.* New York: Hawthorn/Dutton.
- Dinkmeyer, D., & McKay, G. 1973. *Raising a responsible child.* New York: Simon and Schuster.
- Guhl, B., & Fontenelle, D. 1987. *Purrfect parenting.* Tucson: Fisher.

*Changing Your Child's Behavior: The Behavioral Approach* is taken from Bennetti, R.J. (1990). *Parent articles for early intervention.* Tuscon: Communication Skill Builders. Copyright 1990 by Communication Skill Builders. Reprinted with permission.

# Appendix F
# *Family Needs Survey*

Dear Parent,

Many families of young children have needs for information and support. Some needs commonly expressed by families are listed below. It would be helpful to us if you would check (in the boxes on the right) any topics that you would like to discuss. We have provided a place at the end for you to describe other topics not included in the list.

If you choose to complete this form, the information you provide will be kept confidential. If you would prefer not to complete the survey at this time, feel free to keep it for your records.

Child's name ______________________

Person completing survey ______________________

Relationship to child ______________________

Date completed ______________________

*Would you like to discuss this topic?*

| | Yes | No | Unsure |
|---|---|---|---|
| **Information** | | | |
| 1 How children grow and develop. | | | |
| 2 How to play or talk with my child. | | | |
| 3 How to teach my child. | | | |
| 4 How to handle my child's behavior. | | | |
| 5 Information about any condition or disability my child might have. | | | |
| 6 Information about services that are presently available for my child. | | | |
| 7 Information about the services my child might receive in the future. | | | |
| **Family and Social Support** | | | |
| 1 Talking with someone in my family about concerns. | | | |
| 2 Having friends to talk to. | | | |
| 3 Finding more time for myself. | | | |
| 4 Helping my spouse accept any condition our child might have. | | | |

5 Helping our family discuss problems and reach solutions.

6 Helping our family support each other during difficult times.

7 Deciding who will do household chores, child care, and other family tasks.

8 Deciding on and doing family recreational activities.

**Financial**

1 Paying for expenses such as food, housing, medical care, clothing, or transportation.

2 Getting any special equipment for my child's needs.

3 Paying for therapy, day care, or other services my child needs.

4 Counseling or help in getting a job.

5 Paying for baby-sitting or respite care.

6 Paying for toys my child needs.

**Explaining to Others**

1 Explaining my child's condition to my parents or my spouse's parents.

2 Explaining my child's condition to his or her siblings.

3 Knowing how to respond when friends, neighbors, or strangers ask questions about my child.

4 Explaining my child's condition to other children.

5 Finding reading material about other families who have a child like mine.

**Child Care**

1 Locating baby-sitters or respite care providers who are willing and able to care for my child.

2 Locating a day care program or preschool for my child.

3 Getting appropriate care for my child in a church or synagogue during religious services.

**Professional Support**

1 Meeting with a minister, priest, or rabbi.
2 Meeting with a counselor (psychiatrist, social worker, psychologist).
3 More time to talk to my child's teacher or therapist.

**Community Services**

1 Meeting and talking with other parents who have a child like mine.
2 Locating a doctor who understands me and my child's needs.
3 Locating a dentist who will see my child.

**Other**

- Please list other topics or provide any other information that you feel would be helpful to discuss.

- Is there a particular person with whom you would you prefer to meet?

Thank you for your time. We hope this form will be helpful to you in identifying services.

*Family Needs Survey* from Bailey, D. and Simeonsson, R. (1988). "Assessing needs of families with handicapped infants", *Journal of Special Education, 22*(1),117–127. Copyright 1988 by PRO-ED, Inc. Adapted and reprinted by permission.

# Appendix G

# *Information from the Minnesota Paraprofessional Consortium*

*http://ici.umn.edu/para*

## State Laws Regarding Paraprofessionals

**State of Minnesota, Omnibus Education Bill of 1998**
**Article 2, Section 9**

(b) For paraprofessionals employed to work in programs for students with disabilities, the school board in each district shall ensure that:

1. before or immediately upon employment, each paraprofessional develops sufficient knowledge and skills in emergency procedures, building orientation, roles and responsibilities, confidentiality, vulnerability, and reportability, among other things, to begin meeting the needs of the students which whom the paraprofessional works;
2. annual training opportunities are available to enable the paraprofessional to continue to further develop the knowledge and skills specific to the students with whom the paraprofessional works, including understanding disabilities, following lesson plans, and implementing follow-up instructional procedures and activities; and
3. a districtwide process obligates each paraprofessional to work under the ongoing direction of a licensed teacher and, where appropriate and possible, the supervision of a school nurse.

## Guiding Principles for Minnesota Paraprofessionals

These principles were used to guide the development of competencies for Minnesota paraprofessionals during the Minnesota Paraprofessional Retreat in January, 1998:

- Paraprofessionals are respected and supported as integral team members responsible for assisting in the delivery of instruction and other student-related activities.
- The entire instructional team participates within clearly-defined roles in a dynamic, changing environment to provide an appropriate educational program for students.

- To ensure quality education and safety for students and staff, paraprofessionals are provided with a district orientation and training prior to assuming those responsibilities.
- Teachers and others responsible for the work of paraprofessionals have the skills necessary to work effectively with paraprofessionals.
- By recognizing a paraprofessional's training, responsibilities, experience, and skill levels, they are placed in positions for which they are qualified and which effectively and efficiently use their skills to enhance the continuity and quality of services for students.
- Administrators exercise leadership by recognizing paraprofessionals as educational partners.

## Core Competencies for Minnesota Paraprofessionals

The following core competencies are expected of all paraprofessionals working in Minnesota schools. These were developed during the State Paraprofessional Retreat in January, 1998 and are based on the guiding principles listed above. Also being developed are skill assessments, training packages/resources, and other tools that districts can use to support and train paraprofessionals.

### Core Competency Statements

K=Knowledge S=Skill

| **1. Philosophical, Historical, and Legal Foundations of Special Education** | prior to employment | within first 2 weeks | within 45 school days |
|---|---|---|---|
| **K1** A sensitivity to the beliefs, traditions and values across cultures and the effect of the relationships among children, families, and schooling. | | X | |
| **K2** Awareness of the human and legal rights and responsibilities of parents and children/youth as they relate to individual learning needs. | | | X |
| **K3** Understanding of the distinctions between roles and responsibilities of professionals, paraprofessionals, and support personnel. | | X | |
| **K4** Understanding of the purposes and goals of education for all individuals. | | | X |
| **K5** Awareness of responsibilities in a manner consistent with the requirements of law, rules and regulations, and local district policies and procedures. | | X | |
| **S1** Carry out responsibilities in a manner consistent with the requirements of law, rules and regulations, and local district policies and procedures. | | | X |
| Additions: | | | |

| **2. Characteristics of Learners** | prior to employment | within first 2 weeks | within 45 school days |
|---|---|---|---|
| **K1** Awareness of the similarities and differences among the cognitive, communicative, physical, social, and emotional needs of individuals with and without exceptional learning needs. | | | X |
| **K2** Awareness of the effects that exceptional conditions have on an individual's life and family in the home, school, and community. | | | X |
| **K3** Awareness of characteristics and effects of the cultural, linguistic, and environmental background of the child and family. | | | X |
| **K4** Understanding of the effect of medications commonly prescribed for individuals with learning needs. | | X | |
| **K5** Awareness of the educational implications of the above factors. | | | X |
| Additions: | | | |
| **3. Assessment, Diagnosis, and Evaluation** | | | |
| **K1** Awareness of district's ability to provide for and use the tools of assessment, diagnosis, and evaluation. | | X | |
| **S1** With direction from a professional, make and document observations appropriate to the individual with learning needs. | | | X |
| **S2** Provide objective documentation of observations to appropriate professionals. | | | X |
| Additions: | | | |
| **4. Instructional Content and Practice** | | | |
| **K1** Awareness of learning styles of individuals. | | X | |
| **K2** Awareness of the demands and expectations of various learning environments. | | | X |
| **K3** Awareness of a variety of instructional and remedial methods, techniques, and materials. | | | X |
| **S1** Establish and maintain rapport with learners. | X | | |
| **S2** Use developmentally and age-appropriate strategies, equipment, materials, and technologies, as directed, to accomplish instructional objectives. | | | X |
| **S3** Under the direction of a professional, assist in adapting instructional strategies and materials according to the needs of the learner. | | | X |

| | prior to employment | within first 2 weeks | within 45 school days |
|---|---|---|---|
| **S4** Follow written plans, seeking clarification as needed. | | | X |
| Additions: | | | |
| **5. Supporting the Teaching and Learning Environment** | | | |
| **K1** Awareness of the environmental factors that affect teaching and learning, including health and safety issues. | | X | |
| **K2** Awareness of the ways in which technology can assist teaching and learning. | | | X |
| **K3** Understanding of strategies and techniques for facilitating the integration of individuals with learning needs in various settings. | | X | |
| **K4** Awareness by the paraprofessional of how they impact the overall learning environment for students and staff. | | X | |
| **S1** Assist in maintaining a safe, healthy, learning environment that includes following prescribed policy and procedures. | | X | |
| **S2** As directed, prepare and organize materials to support teaching and learning. | | | X |
| **S3** Use strategies that promote the learner's independence. | | | X |
| Additions: | | | |
| **6. Managing Student Behavior and Social Interaction Skills** | | | |
| **K1** Understanding of applicable laws, rules and regulations, and procedural safeguards regarding the management of behaviors of individuals. | | X | |
| **K2** Understanding of ethical considerations inherent in the management of behaviors. | | X | |
| **K3** Awareness of the factors that influence the behavior of individuals with learning needs. | | X | |
| **K4** Awareness of the social skills needed for current and future environments. | | X | |
| **K5** Awareness of effective instructional practices that enhance the development of social skills. | | X | |
| **K6** Awareness of the range and implications of management approaches/strategies that influence the behavior of individual's with learning needs. | | X | |

| | prior to employment | within first 2 weeks | within 45 school days |
|---|---|---|---|
| **K7** Understanding of the district-building behavior management plans for students. | | X | |
| **S1** Demonstrate effective strategies for the management of behaviors. | | | X |
| **S2** Assist in modifying the learning environment to manage behavior. | | | X |
| **S3** Collect and provide objective, accurate information to professionals, as appropriate. | | | X |
| **S4** Use appropriate strategies and techniques in a variety of settings to assist in the development of social skills. | | | X |
| Additions: | | | |
| **7. Communication and Collaborative Partnerships** | | | |
| **K1** Awareness of typical concerns of parents of individuals with learning needs. | | X | |
| **K2** Awareness of the roles of individuals with learning needs, parents, teachers, paraprofessionals, and other school and community personnel in planning an individualized program. | | X | |
| **S1** Use ethical practices for confidential communication about learners with learning needs. | | X | |
| **S2** Under the direction of a professional, use constructive strategies in working with individuals with learning needs, parents, and school and community personnel in various learning environments. | | | X |
| **S3** Follow the instructions of the professional. | | X | |
| **S4** Foster respectful and beneficial relationships between families and other school and community personnel. | | | X |
| **S5** Participate as requested in conferences with families or primary caregivers as members of the educational team. | | | X |
| **S6** Use appropriate educational terminology regarding students, roles, and instructional activities. | | | X |
| **S7** Demonstrate sensitivity to diversity in cultural heritage, lifestyles, and value systems among children, youth, and families. | | | X |
| **S8** Function in a manner that demonstrates the ability to use effective problem solving, engage in flexible thinking, employ appropriate conflict management techniques, and analyze one's own personal strengths and preferences. | | | X |

| | prior to employment | within first 2 weeks | within 45 school days |
|---|---|---|---|
| Additions: | | | |
| **8. Professionalism and Ethical Practices** | | | |
| **K1** Recognition of the paraprofessional as a positive role model for individuals with exceptional learning needs. | | X | |
| **S1** Demonstrate commitment to assisting learners in achieving their highest potential. | X | | |
| **S2** Function in a manner that demonstrates a positive regard for the distinctions among roles and responsibilities of paraprofessionals, professionals, and other support personnel. | | X | |
| **S3** Function in a manner that demonstrates the ability to separate personal issues from one's responsibilities as a paraprofessional. | | X | |
| **S4** Demonstrate respect for culture, religion, gender, and sexual orientation of students. | X | | |
| **S5** Demonstrate a willingness to participate in ongoing staff development, self-evaluation, and apply constructive feedback. | X | | |
| **S6** Demonstrate proficiency in academic skills including oral and written communication. | X | | |
| **S7** Practice within the context of written standards and policies of the school or agency where they are employed. | | X | |
| Additions: | | | |

Core competencies were developed by the Minnesota Paraprofessional Retreat in January, 1998, and are based on the competencies found in: Council on Exceptional Children (1998). *What every special educator must know, 3rd ed.* Minneapolis, MN: Author. They can also be found at — *http://ici.umn.edu/para.*

## Specialized Competencies for Minnesota Paraprofessionals

In addition to the core competencies, the following specialized competencies are expected of paraprofessionals working in specific positions (early childhood, transition to work, behavior management, academic program assistants, and physical/other health impairments). These were developed during the State Paraprofessional Retreat in January, 1998 and are based on the guiding principles listed on page 135. Also being developed are skill assessments, training packages/resources, and other tools that districts can use to support and train paraprofessionals.

## Early Childhood
## Specialized Competency Statements

K=Knowledge S=Skill

| | prior to employment | within first 2 weeks | within 45 school days |
|---|---|---|---|
| **1. Early Childhood, Home Visitor Programs** | | | |
| **K1** Understanding their role as a member of the Individualized Family Service Plan (IFSP) team responsible for developing service plans and education objectives for parents and their children. | | | X |
| **K2** Understanding of their role in listening and communicating with parents to gather information which the service delivery team can build on to meet the needs of the child and family. | X | | |
| **K3** Awareness of health care providers, social services and other resources available in the community to assist parents and their child. | | X | |
| **K4** Understanding their role in enhancing parent interactions with their child by demonstrating effective techniques/materials to stimulate cognitive, physical, social and language development. | | X | |
| Additions: | | | |
| **2. Early Childhood, Center-Based Programs** | | | |
| **K1** Awareness of basic developmental stages, ages 0-5. | | X | |
| **K2** Understanding of their role as a member of the Individualized Family Service Plan (IFSP) team responsible for developing and implementing service plans and education objectives for parents and their children. | | | X |
| **S1** Ability to use developmentally appropriate instructional interventions for curriculum activities in the areas of cognitive, motor, self-help, social/play, and language development for infants and young children ages 0-5. | | | X |
| **S2** Ability to gather information about the performance of children in all areas of development and to share it with professional colleagues. | | X | |
| **S3** Demonstrate competence in preparing and using developmentally appropriate materials, under the direction of a professional. | | X | |
| **S4** Demonstrate an understanding of the paraprofessional's role in communicating and working effectively with parents, other primary caregivers, and team members. | | | X |
| Additions: | | | |

## Transition to Work and Adult Life Specialized Competencies

K=Knowledge S=Skill

| **1. Transition to Work and Adult Life** | prior to employment | within first 2 weeks | within 45 school days |
|---|---|---|---|
| **K1** Understanding of the need for transition-related services. | | X | |
| **K2** Awareness of how to access information on community resources available to individuals with disabilities of transition age and their families. | | X | |
| **K3** Understanding of the importance of interagency collaboration. | | X | |
| K4 Knowledge of the ethical and legal standards of conduct in relationships with students, parents, adult service providers, employers, and coworkers. | | X | |
| **S1** Understanding of transition-related assessment strategies and ability to provide team with information useful to the development of transition-related goals and objectives. | | | X |
| **S2** Ability to facilitate and support student involvement in decision making. | | X | |
| **S3** Ability to identify and develop accommodations and natural supports in the work setting. | | X | |
| **S4** Knowledge of and ability to provide instruction and support in leisure skills, social skills, self-determination skills, community mobility skills, and independent living skills. | | | X |
| **S5** Ability to provide instruction and support in work-related behaviors, job-seeking skills, and job-specific skills in school or at a community work site. | | | X |
| Additions: | | | |

## Behavior Management
## Specialized Competency Statements

K=Knowledge S=Skill

### 1. Behavior Management

| | prior to employment | within first 2 weeks | within 45 school days |
|---|---|---|---|
| **K1** Understanding of personality and social/emotional development. | | X | |
| **K2** Understanding of behavioral/emotional challenges and the interaction with other disabilities. | | X | |
| **K3** Understanding of the need for utilizing formal and informal assessment strategies in obtaining information necessary for educational and behavioral programming for individual students. | | X | |
| **K4** Understanding of the rationale, components, operation and evaluation of the program models in which they are working. | | X | |
| **S1** Ability to document change in learner behavior in both academic and social areas. | | X | |
| **S2** Ability to observe and record pupil behavior utilizing different social rating systems. | | X | |
| **S3** Demonstrate the use of different methods to change and maintain behavior. | | X | |
| **S4** Ability to implement remedial techniques in academic skill areas with learners. | | X | |
| **S5** Ability to use materials designed for skill development in the social areas. | | | X |
| **S6** Ability to collaborate effectively with team members. | | | X |
| Additions: | | | |

## Academic Program Assistants Specialized Competency Statements

K=Knowledge S=Skill

| 1. Academic Program Assistants | prior to employment | within first 2 weeks | within 45 school days |
|---|---|---|---|
| **K1** Knowledge of the paraprofessional's role and function in the specific academic setting. | | X | |
| **K2** Awareness of Minnesota Graduation Standards, including state testing and high standards as outlined in student IEPs. | | X | |
| **K3** Awareness of factors which influence cognitive, social, emotional, and physical development. | | X | |
| **K4** Knowledge of educational terminology related to specific program or age level. | | X | |
| **S1** Ability to instruct students in academic subjects using lesson plans and instructional strategies developed by teachers and other professional staff. | | | X |
| **S2** Ability to gather and record data about the performance and behavior of individual students. | | X | |
| **S3** Ability to confer with special and general education practitioners about individual student schedules, instructional goals, progress, and performance | | X | |
| **S4** Ability to use developmental and age-appropriate instructional methods and reinforcement techniques. | | | X |
| **S5** Ability to effectively use available instructional resources including technology, as directed by the professional. | | X | |
| **S6** Understanding of various learning styles and the ability to implement corresponding teaching methods. | | | X |
| **S7** Demonstrate the ability to implement techniques to include students in general education as outlined in IEPs. | | | X |
| Additions: | | | |

## Physical and Other Health Impairments Specialized Competency Statements

K=Knowledge S=Skill

### 1. Physical and Other Health Impairments

| | prior to employment | within first 2 weeks | within 45 school days |
|---|---|---|---|
| **K1** Understanding of specific student environments and learning modification/accommodation strategies. | | X | |
| **K2** Understanding of medical conditions and emergency procedures for specific students, including care for seizures, latex allergies, catheterizations, tracheotomies, gastrostomies, ventilators, etc. | | X | |
| **K3** Understanding of proper storage, documentation, administration, and side effects of specific student medications. (NOTE: specific training is required to administer medication.) | | X | |
| **K4** Awareness of specific student transportation issues and emergency evacuation procedures. | | X | |
| **K5** Awareness of legal and liability issues specific to vulnerable and medically fragile students. | | X | |
| **S1** Demonstrate competence in the use of proper body mechanics for self and specific student when transferring, lifting and positioning that student. | | X | |
| **S2** Demonstrate competence in implementation, safety, and maintenance of all necessary adaptive, assistive, and instructional technology and equipment. | | | X |
| **S3** Certification in age appropriate CPR (infant/child, adult) and Basic First Aid, and the ability to respond appropriately during an emergency situation. | | | X |
| **S4** Ability to properly assist students with activities of daily living, including toileting, feeding, dressing, and mobility. | | | X |
| **S5** Ability to implement strategies that encourage student independence and participation in all areas of development and classroom learning. | | | X |

Additions:

Specialized competencies were developed by the Minnesota Paraprofessional Retreat in January, 1998. They can also be found at — *http://ici.umn.edu/para*

# References &
# Resources

# References & Resources

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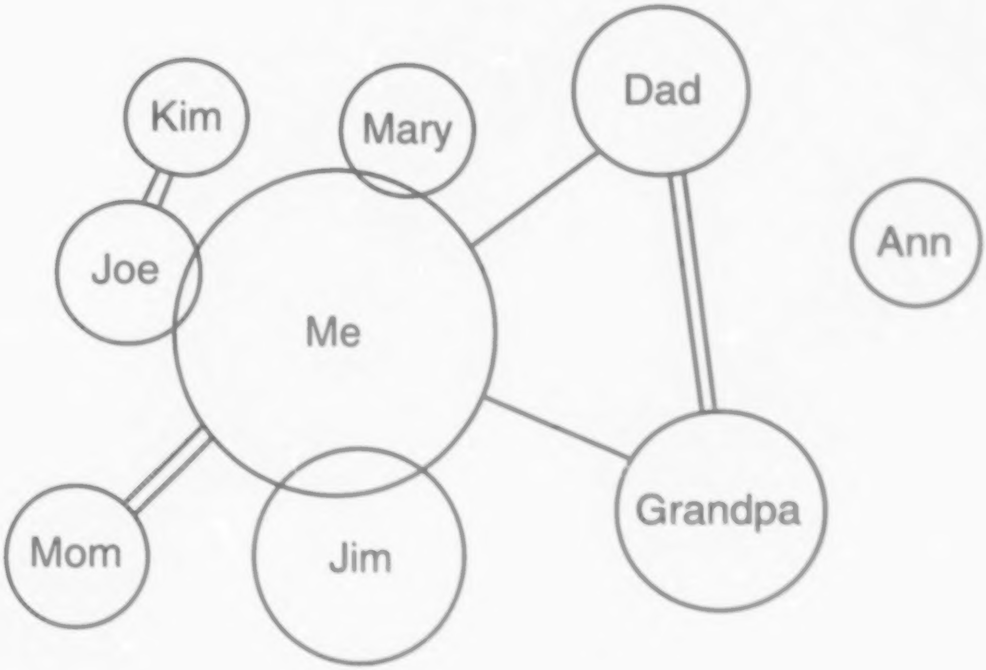
# Transparencies

# A Family Mobile


Kim
Mary
Dad
Joe
Ann
Me
Mom
Jim
Grandpa

1.1

---

# All people are capable of growth and development.

---

2.1

## Normal development is never "normal".

2.2

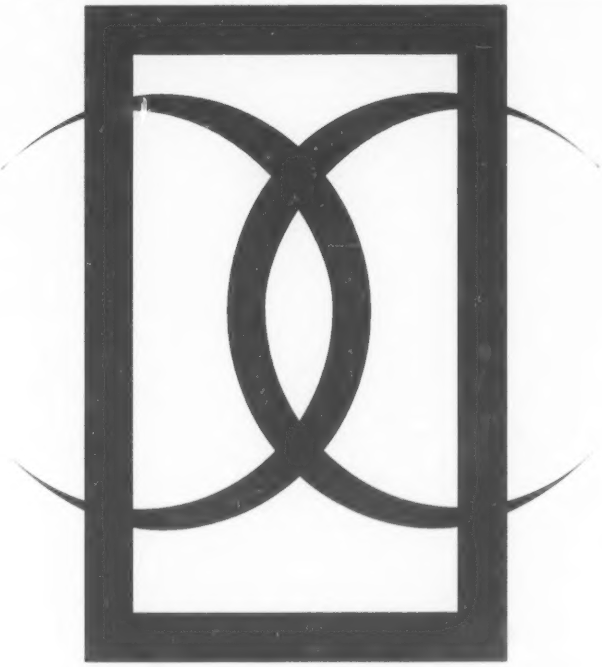
# Developmental Domains

- Motor
- Cognitive
- Social/Emotional
- Communication

## Play skills are functional skills.

2.4

*Strategies for Paraprofessionals Who*
*Support Individuals with Disabilities*



# Early Childhood

# The Role of the Paraprofessional

## Student Edition

*Institute on Community Integration (UAP)*
The College of Education
& Human Development
UNIVERSITY OF MINNESOTA

The paraprofessional training module *Early Childhood: The Role of the Paraprofessional* was prepared at the Institute on Community Integration (UAP), College of Education and Human Development, University of Minnesota.

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# Introduction

# *An Introduction to the Curriculum*

The need for paraprofessionals to work with persons who have disabilities has been growing in recent years. Increasing numbers of persons with a range of disabilities are now living in small residential settings in our communities, attending regular classes in neighborhood schools, holding jobs in local businesses, and participating in community recreation and social activities. There is a great need for paraprofessionals to provide the services and supports these individuals need for community living.

By employing paraprofessionals, educational and other services for persons with disabilities are able to expand and improve the quality of assistance they provide. Some of the benefits paraprofessionals offer schools, agencies, and individuals with disabilities are the following:

- Expanded learning opportunities for persons with disabilities.
- More individualized instruction.
- Increased planning time for educators, supervisors, and others.
- Better monitoring and evaluation of persons with disabilities.
- Greater consistency in services.
- Improved parent-school relationships.
- Greater involvement of persons with disabilities in education and other settings in the community at large.
- Increased transportation assistance for individuals with disabilities.
- Expanded vocational skill development for individuals with disabilities.

## The Role of Today's Paraprofessional

Paraprofessionals who work with individuals with disabilities have a variety of roles and definitions, depending on the environment in which they work. For example, one definition of educational paraprofessionals includes the following:

A paraprofessional is an employee:

- Whose position is either instructional in nature or who delivers other direct services to individuals and/or their parents.
- Who works under the supervision of a professional staff member who is responsible for the overall management of the program area including the design, implementation and evaluation of instructional programs and the individual's progress.

Paraprofessionals provide services in the following areas:

- Educational programs
- Physical therapy
- Occupational therapy
- Speech therapy
- Recreation programs
- Early intervention and preschool programs
- Social work/case management
- Parent training/child-find programs
- Vocational training programs and job coaching
- Community programs
- Transition and school-to-work

Paraprofessionals are typically different from professionals in the amount of education, certification required for the job, degree of responsibility, and extent of supervision required.

Because the support of paraprofessionals is so essential to the success of individuals with disabilities, this module is dedicated to improving and enhancing skills for paraprofessionals.

Information in *The Role of Today's Paraprofessional* adapted from: Pickett, A.L. (1997). Paraeducators in school settings: Framing the issues. In Pickett, A.L. & Gerlach, K. (Eds.) *Supervising paraeducators in school settings: A team approach* (page 4). Austin, TX: PRO-ED. Copyright 1997 by PRO-ED, Inc. Adapted and reprinted by permission.

## About the Module

Whether you have years of experience working with persons who have disabilities or are just beginning, there are probably many questions you have about the role of a paraprofessional. Some concerns and questions will be very specific to your work setting, while others will be more general. This module will cover both.

This curriculum is primarily for paraprofessionals who are (or will be) working in educational settings (i.e., special and general education). It will, however, also be useful for those in direct service settings, such as vocational programs and residential settings.

The training you are about to begin will not only address the current reality for paraprofessionals working with individuals with disabilities, but more importantly, the challenges for the future in your career as a paraprofessional. Paraprofessionals aren't expected to have a total understanding of all the concepts in these modules, but the paraprofessional who has a working knowledge of these core concepts will be most effective.

## Philosophy & Key Beliefs

This module was developed using a general philosophy including six key beliefs for paraprofessionals working with individuals with disabilities. Those beliefs include:

- The individual with a disability is the ultimate locus of control and is the most important member in the decision-making process.
- The family is the other primary locus of control. Family involvement is essential in any decision-making process.
- The team concept is essential in setting up a plan with an individual. This team includes the individual, the family, and all those working with the individual, including the paraprofessional. The paraprofessional is an essential link between what is and what can be for the individual. The best follow-through on any plan comes from teamwork.
- The community should be the basis for all training, as much as possible. This means that, whether offering real-life examples in the classroom or working in real life situations in the community, the focus must be on the most natural setting and support possible. This is essential so the individual can make connections between what is being learned on a daily basis and the real world. This will help the individual generalize the experience to similar situations in his or her life.
- Inclusion is the goal. This means that individuals with disabilities should be included in the mainstream of society – work, school, and recreation. Devotion to such a model will create the most positive results for the individuals and society as a whole. Inclusion suggests that we can and will all benefit by learning to work and live side by side with each other.
- The most effective paraprofessional will be the individual who has a good self-esteem and is able to be assertive. The assertive paraprofessional is able to ask for support and guidance from staff.

## Minnesota Paraprofessional Consortium

The Minnesota Paraprofessional Consortium has recently developed and published some important information related to paraprofessionals, including new legislation, guiding principles, and core and specialized competencies. This information can be found in Appendix G at the back of this module. While some of the information is specific to Minnesota, much of it is applicable to paraprofessionals across the country.

## After the Training

You will leave this training with more information about paraprofessionals than you had when you started. It's important to remember that no matter how much knowledge you have about your job, the individuals you work with are your greatest trainers. Each one is unique and has his or her own interests and needs. The greatest responsibility you have is to listen to those interests and needs, remember what you have learned, ask what is needed, and use that information in your working relationship and responsibilities.

Therefore, use this training as a basis and build your skills from this point, drawing upon each setting and individual. Whether consumer, student, teacher, supervisor, principal, director, or superintendent, you will learn from each. With each setting and situation, your confidence, ability, and skills will continue to grow. Remember, this training is only as good as the degree to which you use what you learn; seek assistance so you can "do what you know."

# 1

## *Chapter One*

# An Introduction to Early Intervention & Early Education

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# *Introduction*

The terms *early intervention* and *early childhood special education* refer to services for young children who have disabilities or who are "at risk" for disabilities. Early intervention refers to education for infants and toddlers (birth through two years), while early childhood special education is for preschool children aged three to five. In terms of special education, this is a relatively new and rapidly growing field. Early intervention differs from working with school-aged students or adults with disabilities in numerous ways. The emphasis is on the family and the unique characteristics of young children. Children in particular must be viewed in relation to the family because of their dependence on adults to provide their primary care needs. Young children who are eligible for special education may have a broad range of disabilities and needs which all require individualized instruction and care.

In order to meet the needs of families and children with special needs, paraprofessionals who are employed in early intervention services need training in the fundamentals of early intervention, child development, assessment, instruction, and observation. Obtaining specific skills to work with families and children from diverse backgrounds is crucial for competent service providers. This module is designed to help prepare paraprofessionals for a variety of roles in the field of early intervention.

There are several critical elements of service delivery in conjunction with educational programs for individuals with disabilities: two of these are federal funding and policy. The Individuals with Disabilities Education Act (IDEA) is the comprehensive law which outlines federal policy concerning the education of and early intervention for infants, toddlers, children, and youth with disabilities. IDEA is made up of the Education for All Handicapped Children Act (otherwise known as P.L. 94-142), the 1986 amendments to the act which support early intervention services (P.L. 99-457), and P.L. 101-476, which supports the inclusion of transition services. In 1997, IDEA was reauthorized under P.L. 105-17, which introduced significant improvements in the way parents, teachers, and adminstrators are able to approach quality education and early intervention services for children with disabilities.

Paraprofessionals play a major role in helping children and families reach their goals. They do this by being familiar with the basic principles of early intervention and by being aware of their own roles and responsibilities in the classroom and as home-visitors.

Upon completing this chapter, you should be able to:

- Demonstrate an understanding of the basics of early intervention and early education.
- Recognize the legal history and characteristics associated with early intervention and early education.

- Clarify the roles and responsibilities of a paraprofessional working in an early childhood program.

## Section 1

# *Fundamentals of Early Intervention & Early Education Programs*

### What is Early Intervention?

Early intervention is a general term used to describe a variety of special services provided to infants and young children (0-6) with disabilities and their families. The services may include home visits, speech and language therapy, physical therapy, occupational therapy, special education services provided at a community preschool, Head Start, a specialized early childhood special education classroom, support provided to the family, respite care, and special equipment. These early intervention services have been a mandated program in the Individuals with Disabilities Act since 1986.

### Why is Early Intervention Necessary?

Early intervention is necessary because it has the potential to make a significant difference in the developmental course of young children with disabilities. The early years offer a window of opportunity to affect a child's communication, cognitive, motor, social, and adaptive skills. By intervening early, the effect of the disability may be lessened, characteristics of disability may be prevented, and likelihood of success may be maximized. In addition, families of children with special needs often experience unique challenges and stress. Therefore, it is critical that early intervention services include support and resources for families early, before the challenges and stress become overwhelming.

### Goals for Early Intervention

While the overall purpose of early intervention is to enhance the lives of infants and young children with disabilities and their families, the goals of early intervention are individualized to meet each child and family's unique needs. Nonetheless, the specific goals of early intervention are outlined in P. L. 99-457. They are:

- To enhance the development of infants and toddlers with disabilities and minimize their potential for developmental delay.

- To reduce the educational costs to society, including schools, by minimizing the need for special education and related services after infants and young children reach school age.
- To minimize the likelihood of institutionalization of individuals with disabilities and maximize the potential for their independence
- To enhance the capacity of families to meet the special needs of their children

From P. L. 99-457, 1986, Sec. 671

## Systems Theory

The goals for early intervention listed above recognize it's impossible to separate children from the context of the family, the community, and the society as a whole. Children are an integrated part of everyday life. This integration can be seen by utilizing the *systems theory*. The systems theory applied to the family helps us to understand several things. First, we can see how the various individuals function within a family. Second, we can observe how the family interacts with individuals and outside agencies. It's crucial that we understand the systems of each family so we can provide the most beneficial services. The following are the basic principles of the systems theory:

### The Family is a Mobile

A mobile is a collection of objects that are in constant motion within a framework. A family is the most versatile, ever-changing mobile that ever existed – it's a living mobile, made up of human personalities. When one part of the "mobile" changes, the movement is seen throughout the entire family. Because people are always growing and changing, the family mobile must change to adapt to the needs of individual family members. The ability of the family to make the necessary adaptations is very important for overall family health.

### Families Develop Patterns of Interaction

Families develop and maintain dozens of patterns, including mealtime activities, holiday rituals, ways to manage feelings, and ways of dealing with people or agencies outside of the family system. This pattern is often described as the family "dance." Individuals in the family learn the steps involved, and move together in harmony. Many times, the birth of child, with or without disabilities, changes the steps in the family dance. Families may need help to adjust to changes and to begin "dancing" together again.

### Beliefs Influence Others' Behavior

Families often have a set of beliefs that are passed on to children. These beliefs may relate to how the family views the world they live in. For instance, the world may be perceived as dangerous or safe, predictable or unpredictable. People outside the family, such as early interventionists, may be trusted or mistrusted. These belief systems often cut across generations and may affect child-rearing practices and child behavior. For instance, some families may value independence in their children, while others may want all the family members to stick close together. These belief systems will have a powerful effect on the family's relationships with early care providers.

### Families are Part of a Larger Ecology

To truly understand children, we have to take a look at their *ecology*. Ecology means the interactions between individuals and their environment. The ecology of a child includes the influences of culture and society, places, materials, and people inside and outside of the family. There are different levels of influences on the child. These are called the *microsystem*, the *mesosystem*, the *exosystem*, and the *macrosystem*.

A *microsystem* is a setting in which the infant or preschooler spends a significant portion of time. Examples are the home or family, child-care center, family daycare home, or hospital.

*Mesosystem* refers to the interrelationships among the micro-systems of which the child is a part at a particular point in his or her life. The mesosystem is made up of relationships between the child's parents (or primary caregivers) and physicians, teachers, or therapists. It also includes relationships between professionals who work with the family.

The *exosystem* is composed of the concrete social structures that influence the activities of the microsystem. This may include local, state, and federal agencies, neighborhood and community organizations, transportation systems, media, churches, and public health and school systems.

The *macrosystem* is the cultural, legislative, and judicial context in which the micro-, macro-, and exosystems operate. It includes legislation, prevailing social attitudes, and ethical or moral principles and issues.

It's clear from these descriptions of the family and the ecological system that early childhood care providers influence the life of a child on many levels. Paraprofessionals become an additional system with the family and may have an impact on the child through providing direct care, communicating with parents and other care providers, becoming involved in their own or the child's community, by advocating for children, being familiar with special education legislation, and approaching their work with an understanding of the family's ecological system.

Material in *Families are Part of a Larger Ecology* adapted with permission from Bronfenbrenner, U. (1977). Toward an experimental ecology of human development. *American Psychologist* 32 (7), 513-529.

## Section 2

## *Legal Foundations of Early Intervention & Early Childhood Education*

### Education for All Handicapped Children Act: PL 94-142

The Education for All Handicapped Children Act was passed in 1975 and guaranteed school-aged children with disabilities the following:

- The right to a free, appropriate public education regardless of the type and severity of their disabilities.
- The right to an individualized and appropriate education through Individualized Education Plans (IEPs).
- The right to assessment for classification and placement that is free of bias and conducted only with parental notification and consent.
- The right to placement in the least restrictive environment. Children with disabilities must be placed, to the maximum extent possible, in regular education settings with their peers without disabilities.
- Parents have a right to procedural due process. They may question and challenge actions by the school concerning their child with disabilities. Parents are to be involved in planning and developing their children's educational programs.

### P.L. 99-457 & Part H Amendments

People working with infants, toddlers, preschoolers, and their families are most affected by P.L. 99-457 and Part H Amendments because it extended the rights in P.L. 94-142 to children aged three to five. In addition, Part H is the legislation that set forth the criteria for the provision of early intervention services for infants and toddlers.

The services outlined in this legislation were created with several purposes in mind. The goals of early intervention are to enhance the development of infants and toddlers with disabilities and to minimize the potential for developmental delays. By providing intervention when children are young, the need for special education services for school-aged students may be reduced, which in turn may cut the educational costs to society. Finally, early intervention is believed to maximize the potential for individuals to live independently in society and enhance the capacity of families to meet the needs of their children with disabilities.

Along with all of the rights provided through PL 94-142, Part II gives incentives to states to provide services to infants and toddlers (birth through two years of age) who have disabilities. Those services are:

- **Family-focused:** The needs of the family, not just the child, are considered. Family functioning is critical to the successful development of the child. Therefore family needs are assessed and addressed in the Individualized Family Service Plan (IFSP).
- **Multi-disciplinary:** This means that two or more disciplines or professions are involved in evaluation and assessment activities and development of the IFSP. Personnel involved may come from health, education, and community services.
- **Coordinated:** Families are provided the services of a service coordinator who is responsible for coordinating all services across agency lines and serving as the main point of contact in helping parents to obtain the services and assistance they need. Parents may also choose to act as their own service coordinators.

To help states achieve these family-focused, coordinated service delivery systems, the law calls for the development of state Interagency Coordinating Councils. These councils are made up of parents of infants, toddlers, or preschoolers with disabilities, public and private early intervention service providers, representatives from the state legislatures, individuals involved in personnel preparation, and members from agencies involved in early intervention services. These councils advise and assist the lead agency to make decisions regarding early intervention services. In Minnesota, the Department of Children, Families, and Learning is the lead agency.

## Array of Services

Service providers and paraprofessionals who are involved in the early stages of intervention are likely to work in a variety of settings. This is primarily due to the family-centered, multi-disciplinary care needed by the individuals involved. Common work settings for paraprofessionals in early childhood programs are center-based programs, home-based programs, or a combination of both.

### Center-Based Programs

Preschool children with disabilities most often receive services in center-based programs. Center-based programs may be segregated, meaning only children with disabilities are in the classroom, or the may be integrated, where children with and without disabilities are taught in the same classroom. In these programs, children typically spend three to six hours a day engaged in a variety of play, instructional, and therapeutic activities. The services are usually very child-focused. Some center-based programs offer a range of family services and supports. Parents are encouraged to become involved in their child's program by observing and participating in activities and attending parent training sessions which will help them to teach their child skills at home. Center-based programs help prepare children with disabilities to enter kindergarten in regular education classrooms by providing them with opportunities to learn class routines and interact with other children.

### Home-Based Programs

Under this model, services are provided in the child's home. Staff may visit the home anywhere from once a month to two or three times a week. Most home-based programs serve children under the age of thirty-six months. Because of the relatively small amount of direct contact with children, home-based programs usually focus on working with parents. Professionals concentrate on providing parents with information about how to teach or play with their children. Some programs view the professional's role as one of providing family support. Home-based programs help children remain in their natural settings, and they may be more responsive to family needs. However, as children get older, they may benefit from some participation in center-based programs.

### Other Settings

Many paraprofessionals work in settings other than homes or early childhood special education classrooms. Paraprofessionals often accompany children with disabilities into community-based programs or classrooms such as Head Start, where they're integrated with their peers without disabilities. Paraprofessionals may also work in Early Childhood Family Education (ECFE) programs. These programs provide a variety of services to families of children between birth and kindergarten with a focus on parent and family education. Children don't need to have developmental delays to be involved in this program.

Some paraprofessionals may be employed in hospital settings, where children who are chronically ill are provided many of their early intervention settings. Others may also be involved with social work and case management, parent training and child-find programs, as well as physical, speech, or occupational therapy programs.

## Section 3

# Roles & Responsibilities

Paraprofessionals working in education and related services for children and youth with special needs will demonstrate:

- An understanding of the value of serving children and youth with disabilities in integrated settings.
- An understanding of differentiated staffing patterns and the distinctions among the roles and responsibilities of professional and paraprofessional personnel.
- An ability to communicate with colleagues, follow instructions, and use problem solving and other skills that will enable them to work as effective members of the instructional team.
- A knowledge of the legal and human rights of children and youth with special needs and their families.
- An ability to practice ethical and professional standards of conduct established by the agency where they're employed.
- A sensitivity to diversity in cultural heritages, lifestyles, and value systems among the children, youth, and families they serve.
- A knowledge of patterns of human development and milestones typically achieved at different ages and risk factors that may prohibit or impede typical development.
- An ability to motivate and assist children and youth with disabilities to build self-esteem; develop interpersonal skills that will help them avoid isolation in different learning and living environments; and strengthen skills to become more independent by monitoring and controlling their behavior.
- An ability to follow health, safety, and emergency procedures developed by the agency where they're employed.
- An ability to use assistive technology and adaptive equipment and provide any required special care or physical assistance (e.g., positioning, transferring, and feeding).
- A knowledge of use or need for appropriate interventions.

Paraprofessionals and teachers often work in the same environment, yet their responsibilities are quite different.

### Roles of Teachers

- Assessing the developmental levels of children.
- Consulting with professional colleagues and participating in the preparation of individual family service plans and individual education plans.
- Developing instructional objectives for individual children.

- Implementing the instructional program along with paraprofessionals and other professional personnel.
- Evaluating the effectiveness of the program.
- Involving parents in all aspects of their child's education.
- Coordinating and supervising the work of paraprofessionals and other support staff.

### Roles of Paraprofessionals in Home-Based Programs

- Collecting and charting data about a child's developmental level during home visits.
- Participating as a member of the IFSP team responsible for developing service plans and education objectives for parents and their children.
- Listening and communicating with parents in order to gather information the service delivery team can build on to meet the needs of the child and family.
- Having a knowledge of health care providers, social services, education agencies, and other support systems available in the community to assist parents and their child; and an ability to support parents and provide them with the skills and information they require to gain access to these services.
- Enhancing parent interactions with their child by using or demonstrating effective techniques and materials to stimulate cognitive, physical, social, and language development.

### Roles of Paraprofessionals in Center-Based Programs

- Using developmentally appropriate instructional interventions for curriculum activities in the areas of cognitive, motor, self-help, social/play and language development for infants and young children up to age five.
- Having the ability to gather information about the performance of individual children and their behaviors; and share it with professional colleagues.
- Organizing learning centers and preparing and using developmentally appropriate materials.
- Communicating and working effectively with parents and other primary caregivers under the direction of the teacher.
- Understanding behavior and instructional interventions.
- Maintaining healthy environments.
- Attending IFSP/IEP meetings at the request of the teacher or administrative personnel.

These roles and responsibilities provide the outline for this training module. The rest of the module will focus on the information that paraprofessionals will need in order to fulfill their responsibilities within a variety of settings.

## Roles & Responsibilities Exercise

These are descriptions of situations an instructional team might encounter in its day-to-day work listed below. Check *A* if you think the activity is an appropriate duty for a paraprofessional. Check *I* if you think it's inappropriate, or *U* if you're unsure. Briefly describe why you responded the way you did and be prepared to discuss your reasons with other participants.

1 It's the fourth week of the new year and tomorrow the teacher will be attending a IEP meeting that begins at 8:00 A.M. The meeting was scheduled for this time because it was more convenient for the child's parents. The children in the class are scheduled to arrive at 9:00 and the IEP meeting will probably not end before 10:00. The principal has asked the two paraprofessionals who work with the teacher to be responsible for the class while the teacher is out of the room.

A ☐ I ☐ U ☐

Reason:

2 Juanita is four years old and is starting preschool. She has a physical disability and requires assistance to eat, button her coat, and perform other self-help skills. Her IEP calls for a paraprofessional to be assigned to assist her with her special needs. The teacher asks the paraprofessional to read stories to small groups of children, to help prepare learning centers, and to take part in activities involving all the children.

A ☐ I ☐ U ☐

Reason:

3 Jon disrupts group activities almost every day, and from time to time he tries to interrupt the individual projects or play of the other children. The teacher asks the paraprofessional to spend most of the day supervising him.

A ☐ I ☐ U ☐

Reason:

4 There are four paraprofessionals assigned to work alongside the teacher and provide direct services to children. Because the paraprofessionals live in the community and are familiar with the cultural heritage and language spoken in the homes of the children, the teacher asks them to make home visits with him.

A ☐ I ☐ U ☐

Reason:

5 Two of the children enrolled in the program require medication and other specialized health care. A third child must be moved from her wheelchair and be positioned using adaptive equipment. The paraprofessional has been asked to attend a workshop to learn how to monitor and/or assume responsibility for administering the medication and using the other health care procedures, and learn how to carry, transfer, and position the child.

A ☐ I ☐ U ☐

Reason:

# Summary

*Early intervention* and *early childhood education* are terms referring to individuals with disabilities from birth to five years of age. Early intervention focuses on the family and the individual's natural environment. Early childhood education focuses on the educational needs of these individuals in particular. Young children with disabilities will have their own individual needs. Gaining the skills necessary to recognize these needs is crucial.

Federal legislation is the strongest influence in the area of special education services. The funding and policy of these services is defined under the Individuals with Disabilities Education Act (IDEA). IDEA supports the services involved in any early intervention or early education program.

Paraprofessionals have a variety of roles and responsibilities in early intervention and early education programs. It's extremely important for paraprofessionals to fully understand their roles and responsibilities in all work settings.

# Questions to Ponder

- How can systems theory be applied to other settings in your life?
- Are you and your superiors clear on the roles and responsibilities of paraprofessionals in your work setting? If not, how can you clarify them?

## 2

## *Chapter Two*

# Child Development in the Early Years

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# *Introduction*

It's critical for people working with infants, toddlers, and preschoolers to have a working knowledge of the foundations of typical childhood development. One of the first key concepts of development is that all people are capable of growth and that they'll develop in a predictable sequence. This is called the "developmental assumption." Familiarity with this sequence will help us to:

- Understand the degree of delay that children experience and formulate expectations about their behavior.
- Make decisions about goals for children.
- Conduct, and interpret results from, assessments.
- Appreciate the progress that children make.
- Communicate with parents about their child's abilities and behaviors.
- Become advocates for children and families.
- Become better observers.
- Become better teachers.

Developmental domains are all interrelated. For instance, a person's cognitive development will most likely have an effect on his or her ability to communicate with others. Physical development may affect other domains when an individual has some sort of sensory or physical impairment. For instance, an individual who is blind may have a more difficult time learning the names and properties of objects. Someone who can't hear spoken language may have delayed communication skills. Children who have limited physical mobility may have difficulty developing the independence which is associated with social and emotional development.

Another important feature of developmental domains is that the skills become more "differentiated" as children get older. For the infant, development is mostly expressed through physical growth and maturity. For example, reaching for a toy may be viewed as a motor skill, as a cognitive skill (the infant is aware of and remembers objects) and as a social-emotional skill (the infant interacts with his or her environment for the sake of enjoyment – he or she plays). As children get older, they express development across domains through a variety of complex behaviors. Motor development occurs when children skip; problem-solving indicates cognitive development; speaking in sentences is a function of language development; and engaging in pretend-play with friends indicates social-emotional development.

Finally, the description of developmental domains in this training module is very limited. It's impossible to talk about all that is known about development for this course. Entire textbooks are written for each of these domains. Also, what is taught here only represents one view of development. People are continuously studying children's development and developing theories about why and how children develop. In order to learn more about development, you may refer to Appendix B which gives a more detailed look at young children's development across domains. You may also want to ask the teachers with whom you work to talk about development and provide you with more resources.

Upon completing this chapter, you should be able to:

- Demonstrate a broad base of knowledge on principles of child development.
- Recognize the characteristics of the developmental domains: motor, cognitive, social-emotional, and communication.

## Section 1

## *Basic Principles of Child Development*

### Principles of Child Development

#### Development is a Continuous Phenomenon

This refers to the belief that development continues throughout the life span. While physical growth seems to stop (at least in height), human beings continue to develop socially, emotionally, intellectually, etc., throughout life.

#### Cumulative and Directional Aspects of Change

Every stage or behavior within a stage builds on what has gone before, and it forms the foundation for what is yet to come. Development is thought to be cumulative: all developmental change contributes to an essentially forward direction.

#### Qualitative vs. Quantitative Change

Human growth falls into two categories: qualitative and quantitative. *Quantitative* change refers to physical growth – height and weight. On the other hand, *qualitative* change means that the person is different than they were at an earlier stage. Skills may build, one on the other, but at the end of certain phases the organism has changed in some meaningful way. An example of qualitative change is the butterfly. The caterpillar passes through dramatically different stages en route to becoming a butterfly. It's the same with humans: as we grow from infants to adults, the way that we think and perceive and reason about the world is reorganized into a more complex and different form.

### Complexity, Differentiation, and Coordination

As the child gets older and more mature, his or her behavior, emotions, motives, abilities, and language become more, not less, sophisticated. This complexity is the result of *differentiation* and *coordination* of behaviors.

Differentiation refers to the fact that behaviors move from the general to the more specific. As children become older, different parts of the body or the brain become differentiated and perform more specific functions. For example, infants move their whole arm in a random manner to reach for an object before they can control their hands and use their fingers to pick up a toy. Coordination means that children learn to combine various skills, behaviors, or movements and have them work together as a unit. For example, children initially differentiate single words as they acquire a speaking and listening vocabulary. Eventually, they can combine those words into correct sentences, and use the sentences to express more complex thoughts and ideas.

### Development Occurs in Stages

Development is seen as occurring in a stair-like manner; it's an orderly process with patterns that can be predicted. The sequential nature of development places certain restrictions on how change can occur:

- The various stages or steps can't be skipped. Infants can't go from sitting up to walking – they must crawl on their hands and knees in between.
- The essential order can't be disturbed – that is, the infant doesn't go from sitting to walking and then back to crawling.
- The order of stages, as well as their content, is universal – they're found in children everywhere, regardless of their social or cultural background. However, not everyone progresses equally through the stages.

### Change Results from Interaction Between Biology and Environment

Development is affected by both maturation and environment. Maturation refers to changes that are "built in" to people and that unfold naturally with the passage of time. The environment, or the opportunities for the child to learn from experiences, interacts with the forces of maturation to create developmental change.

### Children are Active Learners

Children play a large role in their own development by actively seeking out opportunities to explore their surroundings. Children are genetically "programmed" to initiate interactions with the environment through play and through forming relationships with other people who can help them access the environment.

### Developmental Domains

Development takes place across domains – that is, there are "areas" in which children develop. The domains most often used are *motor, cognitive, social-emotional,* and *communicative.* These domains are interrelated, but are usually discussed separately for organizational purposes.

### Individual Differences

Development is the result of such factors as each person's unique characteristics (such as intelligence, attitudes, personality), family characteristics (such as parental discipline, family size), and events that take place in one's life. Development can proceed at different rates within an individual person. For example, a person may have typical physical development but delayed cognitive development.

Information in *Basic Principles of Child Development* adapted with permission from Bentzen, W.R. (1985). *Seeing young children: A guide to observing and recording behavior,* Delmar Publishers Inc., Albany, NY. Copyright ©1985.

## Section 2

## *Developmental Domains*

Normal development is never "normal." A unique set of environmental and biological factors contributes to each person's development. However, general areas of behaviors or skills have been identified by individuals who work with and study children. These areas are often described in terms of "domains". The domains that will be described in this module are *motor, cognitive, social-emotional,* and *communication.*

### Motor Development

> Through exploring and manipulating the environment, the helpless and dependent baby grows into a self-sufficient and competent child. From being carried by another, through taking the first faltering steps, the child moves toward coordinated mastery of physical movement. From random thrashing movements, through increasingly purposeful use of hands, to skillful, precise, and coordinated use of tools and technology, the child becomes a contributing member of the human family. Physical development enhances cognitive growth as real actions bring understanding to abstract concepts.
>
> *Minnesota Department of Education (1991, p. 24)*

Motor, or physical, development refers to the growth of the young child's body. During the first year of life, the child's physical development proceeds rather rapidly. Physical development is often a "benchmark" of the child's overall development. That is why physicians are often the first to identify children who may be at-risk for developmental delays. For example, if an infant reaches the age of 12 months and still hasn't been sitting up, parents and professionals may want to look at other areas of the child's development.

Physical development is often referred to as "maturation" and it's very closely tied to genetics. We often look at children who have tall parents and expect that they'll also grow to be tall. Physical development also unfolds at very specific times. For instance, we would expect most people to reach puberty sometime during the teenage years.

These are some general principles of motor development during the first few years of life that are important to learn:

### Head-to-Toe

Motor development starts from the head and progresses down to the feet. This is called "head-to-toe" development. Infants begin their motor development by first moving their heads and facial features. They next develop the ability to control and bring their arms together in front of their body. The trunk is next, as babies begin to roll their bodies and bring their feet up towards their face. Finally, the baby gains control of the hip as he or she learns to sit, then the hip and knee work together for crawling. Overall head-to-toe control appears when the baby takes his or her first steps. This motor development usually takes place during the first year. However, it usually takes three years for the child to develop complete control of his or her body in standing postures.

### Proximal to Distal

*Proximal* means close to the body; *distal* means away from the body. The shoulder is proximal; the hand is distal. Babies must develop proximal stability before doing intricate hand and foot movements. Trunk control is needed for balance, to serve as the base of support – before working on fine hand skills, the baby must be able to sit well.

### Gross, Fine, Finest

During the first year, babies rapidly develop gross, or large muscle, control of large motions. The baby changes from a newborn without head control to a child learning to walk. This process develops as a result of the head-to-toe principle.

From ages one to two, the child's focus changes to fine skills – those that involve manual dexterity and problem-solving. For instance, the child begins to sit for long periods of time working with blocks, puzzles, and clothing, learns to eat without help, and loves to explore new objects with his or her hands and fingers.

From ages two to three, skills are refined even more. The mouth and tongue move in specific ways to create speech and the hands become capable of using eating or writing utensils. These finer skills are built on a solid foundation of gross motor skills. As children become older, they demonstrate a wide variety of both fine and gross motor skills. A typical four-year-old will run, dance, hop, clap, string beads, pick up small objects, and begin to show control over his or her body by sitting for a long period of time and listening to a story, and by imitating the complex behaviors of adults.

### Perceptual-Motor Development

Two aspects of a child's growth combine to produce perceptual-motor development. Perception is any process by which children become aware of what is happening around them. Children gain information through their senses – what they see, hear, smell, taste, and touch. As children grow older, they begin to organize perceptions and make sense of them. The perceptions then tell the body how to move in response. Perceptual-motor development is the process by which children learn to move different parts of their bodies as they get involved with objects and people they perceive.

Perceptual-motor development is really a combination of a child's motor skills and cognitive skills. Children "learn" that ovens are hot when you touch them (they got this information through their senses – their memory of ovens being hot reminds them not to reach out their hands and touch the oven). The first few years of life are very important in developing perceptual-motor skills. As we'll see in the section on cognitive development, educators refer to this as the "sensori-motor period" of cognitive development.

## Cognitive Development

> The mind of the child is searching for meaning. This drive, or yearning to know, is the basis for intellectual development.
>
> As the child attaches meaning to perceived events and experiences, each new event is incorporated into the child's expanding image bank, providing for new approaches to tasks. The child moves from a reliance on concrete objects and first-hand experiences to an increasing ability to think more abstractly. Through observing, listening, and making inferences related to life experiences, the child becomes capable of complex thinking.
>
> Curiosity motivates the child to solve problems, at first by trial and error and later through using strategies, resources, and techniques to test out hypothetical possibilities and find solutions. The child learns to acquire, organize, and use information in increasingly complex ways.
>
> *Minnesota Department of Education (1991, p. 25)*

*Cognitive development* refers to a person's ability to think about and perceive his or her environment. Because cognitive development is concerned with what's happening in someone's brain, it's difficult to know exactly how a person's cognitive ability develops. Most of the information we have about cognitive development comes from observing infants, toddlers, and preschool children as they interact with the environment.

In general, cognitive development is thought to involve the processes of attention, perception, memory, problem solving, and logical thinking. As the child grows, he or she uses these processes to become a more complex person who can interact with the environment in a variety of ways.

*Attention* refers to a child's ability to look at and play or work with an object for an extended period of time. If a child isn't able to sustain attention for long enough, he or she won't be able to learn as much about the properties of the object or the task.

*Perception* refers to the senses that were discussed in the section on motor development. Perceptions become increasingly more organized in the brain of the child. For instance, the older child may be able to close his eyes and be able to identify an object as an orange by tasting it, smelling it, feeling it, and finally seeing it. This is because children integrate, or put together, information they have gathered through their senses. This information affects the way children move their bodies, or react (either socially, emotionally, or cognitively) to people or objects in the environment.

*Memory* is necessary for all learning to take place. Memory enables people to link past and present experiences in order to understand their environment. For example, very young children use memory to differentiate their parents from strangers. The child who stays away from something dangerous is using his or her memory of a negative experience, such as a parent yelling "no", to protect him- or herself. Memory is also functioning when people use language to name objects or describe events that have happened in the past.

Attention, perception, and memory combine to aid the child in becoming an active problem solver and logical thinker. Problem solving begins in early infancy. When babies perceive they're hungry, they solve the problem by remembering that when they cry, someone will come and give them food. Children learn the cause-and-effect nature of the world when they push a button and a toy makes a sound. If the sound is pleasant to the child, he or she will remember to push the button when presented with the same toy.

Each of these processes become increasingly complex as the child develops into a preschooler who sings songs, tells stories, puts items in order from smallest to largest, names colors and numbers, and tries to convince his or her parents that bedtime is too early. Learning is believed to continue throughout the life span of individuals. This makes sense because the longer we live the more learning experiences we can have. Human beings are active learners: we seek out experiences and are constantly trying to understand the objects and people with whom we come in contact. For children, play is the primary way for learning to occur.

## Stages of Cognitive Development

In the early 1900s, Jean Piaget developed a theory of cognitive development by watching the way his children interacted with objects throughout their childhood. This theory is very popular in child development and education because it's been the foundation of much of the research on child development.

There are four stages described in Piaget's theory: *sensori-motor, pre-operational, concrete operational,* and *formal operational.* Although children move through these stages at different rates, all children begin at the sensori-motor stage and go through the stages in order. It isn't possible to skip over a stage. An important point to know is that not all people will pass through all the stages. Some people may have disabilities which prevent them from progressing all the way through.

### Sensori-motor Stage

During the first two years of life, the child learns to control his or her body in space. The infant uses physical senses and motor capacities to interact with and learn about the environment. Children at this stage learn that certain actions have a reliable effect on the environment. The final achievement of this stage is *object permanence,* which means that children realize that objects or people continue to exist even when they can't be seen or heard.

### Pre-operational Stage

During this period, thought is dominated by what is seen. The child isn't able to attend to more than one thing at a time where space, time, volume, shape, and weight are concerned. For instance, if a child is shown two identical balls of clay, and then one is smashed down like a pancake, the pre-operational child will insist that the flattened ball is bigger and has more clay. This is despite the fact that the child saw that the two balls were exactly the same size before. Language development during this period is very rapid. In the beginning, children may use the word *dog* to describe any animal which walks on four legs; they gradually learn appropriate labels for animals. Children also show a greater interest in playing with other children, and they begin to give reasons for their beliefs and actions. However, the pre-operational child will often show faulty reasoning because they're not yet skilled at integrating a lot of information. Children are typically in this stage until about age seven.

### Concrete Operational Stage

From the ages of seven to eleven, children become capable of mentally seeing an object or event; they can understand that a piece of clay contains the same amount of material whether it's a in circle or a rectangle. They're also able to think about what happens to objects without having to experiment with the object. For example, they recognize that water in a tall, thin glass can be the same amount of water in a short, fat glass. During this stage of development the child can reason, but only when using concrete objects.

### Formal Operational Stage

By the time children reach the age of 12, their cognitive development is characterized by thinking and reasoning. They can think about abstract concepts like love, peace, and right and wrong. They can hypothesize about events and consider more than one variable at a time. Mental development is usually complete by the end of this period, around 15 years of age.

## Language Development

> All of the young child's learning grows out of communication with self, others, and the environment, as meaning is attached to experiences, events, and interactions.
>
> Communication is a process of giving and receiving nonverbal and verbal messages to reflect self, share with another, test out ideas and feeling, and construct shared meanings. Communication grows from the first non-language interaction through listening and speaking with others, to using language in more formal ways through writing, reading, and interpreting skills.
>
> *Minnesota Department of Education (1991, p. 27)*

Language is a system of symbols people use to communicate with each other. It's one way to receive and to give information. Two systems work together to produce language:

- Receptive language, the input system by which information is taken in through the senses.
- Expressive language, the output system which involves speaking, gesturing, or writing.

### Receptive Language

Receptive language is what we see and hear and the information that we take in. A normal sequence of receptive language development begins at birth. The newborn infant responds to sounds. By four months of age, most infants will turn their head to the source of a sound; by six months they may respond to their name and recognize words like *daddy* and *mommy*. By the end of the first year, infants will recognize the names of some common objects, and will respond to simple questions and directions, such as "Where's the ball?" and "Give me the bottle."

During the next year, receptive language develops rather quickly. The toddler understands new words each week, identifies pictures and body parts, and understands possession ("Where's Mama's shoe?"), and prepositions (in, out, on, off, up, down). By the end of the second year, many children understand pronouns (I, me, mine). By the third year, most children are able to follow simple stories and two-step directions.

Receptive language development continues throughout childhood as children learn new vocabulary words, follow complex sentences spoken by others, and then begin to read. A child's receptive language development is usually further advanced than his or her expressive language.

### Expressive Language

Most children learn to talk in predictable stages. This is even true for many children whose language is delayed. During the first few months of life, babies are already preparing to speak. During the first two months, different kinds of cries are produced. Over the next few months, babies begin to use their voices in ways other than crying. They learn to vary their tone of voice to express different feelings, and new sounds start to emerge. By six months, babbling or "vocal play" emerges.

Over the next six months, babies begin two put two syllables together while babbling, some of the sounds begin to sound like real words. By the end of the first year, babies may have one to three spoken words, they may "sing along" to music, and may "talk" to family members without using real words. The words the child does know may be generalized and used to describe many different things. For instance, "ball" may be used to describe any toy. Babies also have a set of gestures they use to communicate, such as nodding the head, or waving "bye-bye".

During the second year, most children will learn about 50 new words. They're learning to understand simple turn-taking rules and are beginning to "converse" with adults.

Young toddlers usually repeat overheard words and will try to communicate using words. They might say things like "Mommy... cookie" or "All gone... milk". During the second year children use simple two-word phrases in order to talk about objects, locations, and actions. Toddlers will use language to request toys, answer questions, and – of course – to say "no". By the end of the second year, children will put together three-word phrases and will go through books and label pictures. More turn-taking is obvious during conversations.

Three-year-olds are rapidly learning to use grammatical skills when they're speaking. They learn to use verb tenses and can use many different kinds of words in conversation. Nouns, adjectives, plurals, and prepositions are used in speaking. Children become more conversational, and can discuss a single topic over several listener-speaker turns.

The development of writing begins when children use crayons to make a scribble mark on paper. Eventually, they begin to apply meaning to the scribble, as in "writing" their name on a piece of paper. When children enter kindergarten, they begin to write their names and other letters of the alphabet.

Vocabulary development continues throughout childhood. Communication skills, such as making facial expressions and gesturing, and waiting and listening to other speakers, are combined with language production skills as children become more expressive speakers.

## Social-Emotional Development

> The child moves from no realization of a difference between self and others, through a primary concern for self, to a level of concern for others. The scope of social interactions moves from early bonding with a significant adult, through experiencing self as a part of family, to friendships and participation in the larger world. In relationships with others, the child grows in abilities to cooperate, to serve as a resource, to negotiate, to lead and follow, to be a friend.
>
> *Minnesota Department of Education (1991, p. 23)*

Social-emotional development refers to the child's development of social relationships, social skills, and sense of self as a social and emotional human being. Although social and emotional development are usually included under one domain, they are different. The child's emotional development concerns the feelings that he or she has about him- or herself and other people. Social development refers to children's ability to form relationships with other people.

### Emotional Development

Throughout the stages of infancy, toddlerhood, and early childhood, children are thought to have a series of emotional "tasks" they must accomplish on their way to being a competent person with a healthy self-esteem. For infants, the task can be described as "building trust." During this time, the baby needs to learn that the world is a safe place and that caregivers can be trusted. A sense of security develops in the young child when caregivers continually respond to the baby's signals that he or she needs to sleep, be fed, or have a clean diaper. As caregivers love children by comforting and holding them, infants begin to develop a sense of self-worth. The emotionally healthy baby is one who can accept comfort.

The emotional task of toddlers is to develop "autonomy" – being able to do things alone. Security is still important, but now that the child can walk, and sometimes talk, his or her horizons are expanding. The child likes to explore, but is most comfortable doing this when he or she knows that a caregiver is close by. The toddler begins to learns that words can have a powerful effect on people, and will sometimes use them just to see what will happen. The toddler is famous for saying "no" to everything. At the same time, the child can become "clingy" and not want to leave the caregiver. This is all a normal part of development.

The task of the preschool child is to develop initiative and curiosity. The child will imitate much of what is seen and heard and will try new behaviors to see how they feel and how people react. Children are more willing to be a part of groups, but will still want to be independent. They'll explore their environment by playing actively and asking questions. The emotionally healthy preschooler likes to be with his or her parents, but has just as much fun playing with other children or adults. Preschool children exercise more self-control as they learn to share and take turns.

### Social Development

Humans are social beings beginning from birth. This is necessary because as infants we're helpless and not able to provide for ourselves: we must establish relationships with others to get our needs met. Infants accomplish this partly by being small and cute, and partly by beginning to develop a set of "social skills" – behaviors that help us to develop positive relationships with other people.

For the infant, social skills include making eye contact, smiling, and relaxing the body when held. Older infants become very interested in people. However, they develop preferences for familiar people and may not want to be held by strangers. They become affectionate and give hugs and kisses to the favorite people in their lives. From very early on, infants can engage in social games such as peek-a-boo, and pat-a-cake. A child's first "playmate" is usually his or her parent.

Toddlers begin to take an interest in being around other children, but they still aren't very good at sharing toys or waiting for turns. Toddlers can become bossy or possessive – everything is "mine." Toddlers are, however, increasingly aware of other people's feelings. Instead of crying when another child cries, toddlers may reach out to touch, rub, or cuddle the upset child.

As children enter the preschool years, they develop relationships with adults and children that are similar to the relationships they'll have throughout childhood. They'll identify children as "friends" and will usually prefer to play with others rather than play alone. They'll like to carry on conversations with other children or adults and recognize the value of language in forming relationships. They may approach unfamiliar people and ask social questions such as "What's your name?" or "Whose daddy are you?" They begin to play games and will usually follow rules. They're better at sharing and turn-taking. Though young children occasionally have outbursts when they don't want to share, they're typically quite skilled at developing relationships by the time they reach kindergarten age.

## Play & Social Development

Many of children's social relationships take place in the context of play. Educators often refer to Parten's six classifications of play, listed below, to describe children's play or social behavior.

### Parten's Play Classifications

1 **Unoccupied Behavior:** Here the child isn't engaging in any obvious play activity or social interaction, but watches anything of interest at the moment. When nothing's interesting, the child will play with his or her own body, move around from place to place, follow the teacher, or stay in one spot and look around the room.

2 **Onlooker Behavior:** Here the child spends most of his or her time watching other children play. The child may talk to the playing children, ask questions, or give suggestions, but doesn't participate in the play. The child remains within speaking distance so that what goes on can be seen and heard: this indicates a definite interest in a group of children, unlike the unoccupied child, who shows no interest in any particular group of children, but only shifting interest in what happens to be exciting at the moment.

3 **Solitary Play:** This is play activity that is conducted independently of what others do. The child plays with toys that differ from those used by other children in the area within speaking distance and makes no effort to get closer to them or to speak to them. The child is focused entirely on his or her own activity and isn't influenced by other children or their activities.

4 **Parallel Play:** Here the child is playing close to other children but is still independent of them. The child uses toys like the toys being used by others, but uses them as he or she wishes and is neither influenced by nor tries to influence the others. The child plays beside other children rather than with other children.

5 **Associative Play:** Here the child plays with other children. Play material and equipment are shared; the children may follow each other around; there may be attempts to control who may or may not play in a group, although such control efforts aren't strongly asserted. The children engage in similar but not necessarily identical activity, and there's no organization

of activity or individuals. Each child does what he or she essentially wants to do without putting the group's interests first.

6 **Cooperative or Organized Play:** The key word in this category is *organized.* The child plays in a group that is established for a particular purpose: making some material product, gaining some competitive goal, playing formal games. There's a sense of "we-ness" whereby one definitely belongs or doesn't belong to the group. There's also some leadership present – one or two members who direct the activity of the others. This therefore requires some division of labor, a taking of different roles by the group members, and the support on child's efforts by those of the others.

Most children will show each of the types of play throughout their childhood. However, the first three types of play are more common for very young or delayed children. As children get older, their play typically becomes more sophisticated and more social.

*Parten's Play Classifications* adapted with permission from Parten, M.B. (1932). Social participation among preschool children. *Journal of Abnormal and Social Psychology, 17,* 243–269.

## Observation Activity

Observe two children in their natural environment for about a half hour. You may choose two children who are the same age, or you may choose to observe children who are at different developmental stages (for example, an infant and a preschooler). In the spaces below, describe some of the behaviors that you observe for each child across each of the developmental domains. In the third section, describe the differences and similarities in development for the two children. Pay particular attention to the range of behaviors you see across children who are typically developing. When observing children, note the types of play activities they choose. Describe the motor tasks they perform with ease. Write down examples of language that they use, and describe their interactions with other people. For cognitive development, describe the complexity of activities children choose and measure how long children stay with an activity. Discuss your results in small groups.

**Child A**

Name
Date
Setting
Time of Observation

- Motor Development

- Cognitive Development

- Social Emotional Development

**Child B**

Name
Date
Setting
Time of Observation

- Motor Development

- Cognitive Development

- Social Emotional Development

**Comparisons**

- Motor Development

- Cognitive Development

- Social Emotional Development

## *Summary*

The foundations of typical childhood development involve a variety of stages which almost always occur in a predictable sequence. This predictable sequence occurs throughout a variety of areas. These domains, or areas, are motor, cognitive, social-emotional and communication. The interrelationship of these developmental areas is a crucial part of the developmental stages of a child.

## *Questions to Ponder*

- How do principles of child development affect a child's actions?
- What are common developmental domains you see in your work settings?

## *Chapter Three*

# 3

# Individualized Planning for Children with Disabilities

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# Introduction

The children who enter into early intervention will have a broad range of abilities and disabilities. Thus far, we have stressed that each child and each family is unique. They'll require special care which is developed just for them. This is what is referred to as "individualized programming" and it's required under federal education laws. Although each family and child is different, they have one thing in common: they'll have an Individualized Education Plan (IEP). Infants and toddlers and their families will have an Individualized Family Service Plan (IFSP). IEPs and IFSPs are written plans which are developed when parents and professionals work together to assess the child's strengths and needs, develop goals and objectives for the child, plan educational services, and decide how to implement the plan. Most importantly, IEPs and IFSPs are created by teams. Individuals who know and work with the child must be able to agree that the plan is appropriate for the child and the family. No one person could possibly develop an individualized plan for the child.

The first section of the IFSP or IEP contains a summary of the child's current developmental status, and for the IFSP, a description of family needs. Paraprofessionals are usually not involved in collecting information about a child's development as they first enter into early intervention services. This is usually the responsibility of specialists such as social workers, psychologists, physical or occupational therapists, speech and language therapists, medical professionals, and early childhood special education teachers. However, it's important to be able to look at and interpret the results of the assessments so you'll have a better understanding of the child's strengths and needs and a greater sensitivity towards family issues and concerns.

Federal law requires that infants, toddlers, and preschoolers receive a multi-disciplinary, multi-method assessment of their unique needs. This means that no one person can make decisions about a child's developmental level and need for early intervention services. A team of people is responsible for conducting the assessment. Having several professionals involved in assessment helps guarantee that multiple methods will be used to collect the information. A combination of standardized test scores, observations, checklists, and interviews may be used to gain information about the child and the family. The use of only one method would be inappropriate.

After the assessment activities are completed, and child and family needs are identified, the team begins to identify goals and objectives for the child and family. When the individual, family, and education team develop the IEP for a person with disabilities, there are key questions to ask that will help the team develop goals and objectives that facilitate the person's integration and participation in community settings.

Upon completing this chapter, you should be able to:

- Demonstrate a basic understanding of the components of the IEP and the IFSP.
- Understand the connection between assessment and intervention in early childhood education.
- Gather the correct information needed to identify goals and to provide individualized instruction.

## Section 1

# *Individualized Education Plans*

Many school districts design their own IEPs and IFSPs, so the form of the plan may look different. However, there are several components which must be included. The sections below list the components of the IFSP and the IEP. As you read through them, you should notice the differences and similarities between the two kinds of plans.

Examples of an IEP and an IFSP are included in Appendices C and D. Look through these plans and notice the different types of information needed in each.

### Required Components of the Individualized Family Service Plan (IFSP)

- A statement of the infant's or toddler's present levels of physical, cognitive, communication, social and emotional development, and adaptive skills based on objective criteria.
- A statement of the family's resources, priorities, and concerns relation to enhancing the development of the infant or toddler with a disability.
- A statement of the major outcomes expected for the infant/toddler and the family, and the criteria, procedures, and timelines used to determine the degree to which progress toward achieving the outcomes are being made and whether modifications or revisions are necessary.
- A statement of the specific early intervention services needed to meet the needs of the infant or toddler and the family, including the frequency, intensity, and the method of delivering services.
- The projected dates for initiation of services and anticipated duration.

- The name of the service coordinator from the profession most immediately relevant to the child's or family's needs who will be responsible for implementation of the plan and coordination with other agencies and people.
- The steps to be taken supporting the transition to services provided for ages three to twenty-one to the extent that such services are considered appropriate.
- A statement of the extent to which services will be provided in natural environments.

## Required Components of the Individualized Education Plan (IEP)

- A statement of the child's present levels of performance, including academic achievement, social adaptations, pre-vocational and vocational skills, and psychomotor and self-help skills.
- A statement of the annual goals describing the education performance to be achieved by the end of the school year under the child's individualized education program.
- A statement of short-term instructional objectives, which must be measurable intermediate steps between the present level of educational performance and the annual goals.
- A statement of the specific educational services needed by the child (determined without regard to availability of services) including related services needed and special instructional materials which are needed.
- The date when those services will begin and length of time the services will be given.
- A description of the extent to which the child will participate in regular education programs.
- A justification of the type of educational placement the child will have.
- A list of the individuals who are responsible for implementation of the IEP.
- Objective criteria, evaluation procedures, and schedules of determining, on at least an annual basis, whether the short-term instructional objectives are being met.

Adapted with permission from ERIC Clearinghouse on Handicapped and Gifted Children (1992). *The Individuals with Disabilities Education Act, Legal Foundations, No. 2.* The Council for Exceptional Children.

## Differences Between the IEP & IFSP

While the IEP and IFSP have several components in common, there are a few items which are new and unique to the IFSP. In particular, families play a greater role in developing and carrying out the IFSP because of the family-centered approach to intervention for very young children. Services should meet the family's needs, not just the child's, and are to be provided in a flexible, coordinated manner. The IFSP also specifies that the professional and family plan for the child's transition to services for older children. At age three, the child is taken off of an IFSP and placed on IEP if he or she still needs services. Planning for transition is important because the IEP doesn't take a family-centered approach. Professionals work as a team with the family to make sure families acquire the skills needed to continue their involvement in their child's education beyond the IFSP.

## The Role of the Paraprofessional

The degree of paraprofessionals' involvement in writing the IEP and IFSP will often depend on the needs and preferences of the family. Paraprofessionals do have a large role in implementing the plan's components because they regularly apply their skills in the classroom or the community by working directly with children. The following chart contains some examples of how you can help implement the components of IEPs and IFSPs.

| **IEP and IFSP Components** | **Paraprofessional Role** |
|---|---|
| *Assessment:*<br>Current levels of performance | Share observations with teacher |
| *Placement:*<br>Least restrictive environment | Work with child or family in integrated classrooms, out in the community |
| *Annual goals:*<br>Instructional objectives | Share observations with the teacher about progress or lack of progress |
| *Implementation:*<br>Actual instruction | Assist teacher by enhancing instruction or providing practice in a variety of ways |
| *Evaluation of goals:*<br>Help monitor children's progress | Communicate with teacher |

## Section 2

# *Assessment of the Child & Family*

The IEP and the IFSP serve as the framework for training paraprofessionals to work with young children with disabilities and their families. The remainder of this module will focus on:

- Initial assessment of strengths and weaknesses.
- Identification of appropriate goals and objectives.
- Instructional techniques.
- Monitoring of progress on goals.

### The Purposes of Assessment

Assessments are typically done for the following reasons:

- **Screening:** to see if further assessment is needed.
- **Eligibility:** to see if the child is eligible for services.
- **Programming:** to develop a program plan for the child.
- **Progress:** to see if the child has changed or has made progress in any area of development.

### Standardized Tests

Standardized tests are tests which are always given in the same way, using the same instructions and the same material. They're scored using the same method every time. This method is based on the scoring of tests administered to a broad range of people, and for which an average score or "norm" has been established. Scores on these "normed" tests tell us how the child compares with other children his or her age who performed the same task. In order for these tests to be useful and fair, the group of people the child is being compared to must reflect the cultural and ethnic background of the child.

There are several standardized tests which are used to assess infants, toddlers, and preschool children. You may see these scores placed on an IFSP or IEP, so it's helpful to become familiar with the test so that you can understand what the score might mean in terms of the child's development.

#### The Denver Developmental Screening Test

This test is a screening instrument designed to determine whether a child is at risk for developmental delays and whether he or she should be evaluated further. It's used to screen or detect problems in children between birth and age six. The test looks at four areas of development: personal/social, fine motor/adaptive, language, and gross motor. This is only a screening test, which means that it's given to large numbers of children, and children who may be at-risk for delays get through the screen. The score on the *Denver* doesn't give in-depth information about the child, but only tells us to look at a particular child in more detail.

### The Wechsler Preschool and Primary Scale of Intelligence – Revised

This test is often called the *WPPSI* (pronounced *whip-see*), and as its name suggests, it's a measure of intelligence for preschool children. This test breaks down intelligence into two components: verbal and performance. There are a variety of tasks that children are asked to perform; some require the child to answer questions given verbally while others are similar to puzzles, mazes, and block building. Children's scores are represented as intelligence quotients. These scores are often used to predict a child's later development. However, the actual number score just tells us how the child compares to other children his or her age who took the same test.

### The Bayley Scale of Infant Development (BSID)

This assessment is one of the most widely used measures of infant development. It's designed to assess the development of infants and toddlers between two and thirty months of age. It provides an indication of an infant's current developmental status but isn't intended to predict later development. There are three components in the *BSID*: the Mental Scale, the Motor Scale, and the Infant Behavior Record.

### The Battelle Developmental Inventory (BDI)

The *BDI* is a test that measures young children's development across five different areas:

- **Personal-social:** measures abilities of the child to engage in meaningful social interaction such as expressing feelings or interacting with adults or other children.
- **Adaptive:** measures the child's ability to become independent in taking care of feeding, dressing, and toileting needs.
- **Motor:** measures the child's ability to control the large and small muscles of the body.
- **Communication:** measures the child's ability to understand and to produce verbal and nonverbal communication.
- **Cognition:** measures the child's thinking, reasoning, and memory skills. The test combines a parent interview along with direct testing of the child using a variety of toys. The *BDI* covers children from birth up to eight years of age.

### The Sequential Inventory of Communication Development – Revised

The *SICD-R* is used to assess receptive language (comprehension) and expressive language (production of language) for children between four months and four years of age. The receptive items evaluate a child's awareness and comprehension of items such as environmental sounds, object names, plurals, colors, and directions. The expressive portion involves items that examine imitation, initiation, and responding behaviors. For older children, a sample of the child's speech is also collected and analyzed. The score is obtained through direct testing of children and through parental report of the child's language skills at home.

## Some Limitations of Standardized Tests

Regardless of which instrument is used to assess the child, it's important to remember that tests often don't accurately predict the long-range outlook for a child. Each test is only a "snapshot" of an infant's development at a particular point in time. Several different measures done over a period of time and across situations are often needed to get a more complete picture of how the child is functioning. The test results alone should not be considered the "final word" in predicting a child's later functioning.

It's difficult to give a long test to young children because they have shorter attention spans and need more breaks for eating or resting. Therefore, many tests are designed to be given quickly. Because of the limited amount of time, there's a limit to the number of items on a test. Certain areas of development which are strengths or relative weaknesses for the child may not be picked up in these tests. Also, children's development often occurs in spurts; skills which aren't present at one point may rapidly develop soon after testing. To get a whole picture of the child, other methods must be used, such as parent interviews, checklists, or observational measures. Direct observation of the child and "functional assessment" are the most frequently used in early childhood. Functional assessment refers to assessment of the abilities that the child has or will need in order to function in his or her environment. See the section "Monitoring Children's Progress" in Chapter 4 (page 57) for a detailed description of observational methods.

## Family-Focused Assessment

When assessment of young children is conducted, a family focus must be maintained. This means that the family should be involved in all aspects of assessment. Observations and testing should take place when it's convenient for the family and where the family feels most comfortable, whether it be in the home, school, church or synagogue, doctor's office, or anywhere else the child spends time. Many times parents may feel nervous about the upcoming assessment and may not realize their opinions and feelings are important to the professionals conducting an assessment.

The following Family Questionnaire may be used to help early interventionists identify family preferences and feelings in a nonthreatening way. Practice interviewing families by giving these questions to someone you know who has a child. You may role play during class by interviewing someone in your class.

## Family Questionnaire

This questionnaire is intended to help plan assessments and services that are responsive to your concerns and your priorities. It can be completed by each parent, grandparent, older sibling, caregiver, etc.

Child's name ______________________

Date ______________________

My name ______________________

Relationship to child ______________________

1 I describe my child in this way:

2 Our relationship or time together is:

3 My child enjoys and is interested in:

4 When playing with other children, my child:

5 A typical day with my child includes:

6 What puzzles me about my child is:

7 Recent progress or changes I have seen in my child:

8 My child communicates with me by:

9 The most challenging aspect or raising my child is:

10 I would like my child to learn or get better at:

11 I would like help with:

*Family Questionnaire* adapted with permission from Trimbach, K., Abderholden, S. and Grykiewicz, K. (1990). *Early intervention: Building blocks for the future.* Minneapolis: Arc Minnesota.

## Planning a Collaborative Assessment: Family Preferences

This questionnaire is intended to help parents and staff plan how to assess the child in ways that are comfortable and meaningful for families.

1 After reviewing my Family Questionnaire, I especially want to explore my child's abilities or behavior in the following area(s) during the assessment:

2 I want others to see what my child does when:

3 These are favorite toys or activities that will help my child to focused, motivated, and comfortable during the assessment:

4 My child uses the following special equipment that might be used during the assessment:

5 I prefer the assessment take place:

☐ At home ☐ At another place ☐ At the center

6 A time when my child is alert for an hour and when working parents can be present is:

☐ A.M. ☐ P.M. ☐ Early evening

7 In addition to parents and the facilitator, I want these people to participate in the assessment:

Early intervention staff:

Family and friends:

Other agency staff:

8 During the assessment, I'd prefer to:

☐ Offer comfort and support.
☐ Sit beside my child.
☐ Carry out activities to explore my child's abilities.
☐ Assist in activities to explore my child's abilities.
☐ Exchange ideas with the facilitator.
☐ Have the facilitator carry out activities with my child.

9 If formal testing is included in this assessment, I have these questions:

*Family Preferences Checklist* adapted with permission from Trimbach, K., Abderholden, S. and Grykiewicz, K. (1990). *Early intervention: Building blocks for the future*. Minneapolis: Arc Minnesota.

## Section 3
# *Developing Goals & Objectives*

The team should be sure that they can answer these questions before the members start planning:

- What are the ultimate goals for this child?
- Will the skills to be taught now help this child to achieve the goals of the child and his or her family?
- Are the skills practical/functional? If the child doesn't learn this skill, will someone else need to perform it or provide assistance?
- Will learning the skills enhance the life of the child?
- Although we may want to teach many skills, time is a factor. Which of those proposed are of highest priority?

### Long-Term Goals

The next step is to identify and write the long-term, or annual, goals for the child. These are expectations for the child or family which are based on special education needs. Goals should be reasonably achievable within one calendar year. Such goals have the following four components:

- Direction of change (increase, decrease, or maintain)
- The behavior to be changed
- Present level of performance
- The expected annual ending level of performance

Some examples of long-term goals are:

*Direction* *Behavior*
Susan will increase ... language skills
*From Present Level* *To Ending Level*
from saying single words ... to saying three-word phrases.

*Direction* *Behavior*
José will decrease ... physically harming others
*From Present Level* *To Ending Level*
from four times a day ... to no times per day.

### Short-Term Objectives

Once long-term goals have been established, it's time to write the instructional objectives. Each objective written should be a step towards attaining the goal. There are usually four components to an instructional objective:

- Conditions under which the behavior is performed.
- Performance of a specific, observable behavior.
- Criteria for attainment or level of performance.
- Evaluation procedure.

Objectives will sometimes include a "target date" for when the child should be able to perform the behavior.

The first part of an objective is the condition. This phrase states the circumstances under which the behavior will be performed. The condition lets the team know what help the student will need to perform the behavior and/or what materials will be needed. Examples of conditions are "during gym class", "given a puzzle to put together", or "when asked to put on shoes."

The behaviors that are specified in instructional objectives must be observable. That is, there should be no doubt when reading the objective of what the desired behavior should be. The team may often use words such as "will understand" which by itself isn't observable. The team should think instead about what the child would have to do in order to demonstrate he or she "understands."

Instructional objectives must also be measurable. The third component, the criteria, identifies what the student will have to do in order to say that the objective has been met. The criteria may refer to important characteristics of the behavior such as speed, accuracy, rate, quantity, or duration. This criteria is often found in the description of the behavior, such as "will put all the pieces of a puzzle together." In this example, the criteria to be met is 100% accuracy in working on a puzzle. The criteria also refers to how consistently and reliably the person performs the behavior. It asks how often you would expect a person to perform the behavior when they're given the opportunity. This criteria is often written as "eight out of ten times" or "80% of the time." When designing these criteria it's important to remember that most people don't accomplish skills with 100% accuracy. However, some skills may require 100% accuracy. For example, waiting for the "walk" sign before crossing the street 80% of the time isn't good enough.

Finally, the objective contains a description of how progress on the objective will be reported. The behavior may be recorded by the teacher, reported by family, measured on a standardized test, or a variety of other ways.

The following are some examples of short-term objectives that may be written for the long-term goals above. Examine them to identify the condition, behavior, and criteria (the characteristics of the behavior and the consistency of the behavior).

| | |
|---|---|
| *Condition* | When asked questions by the teacher |
| *Specific Behavior* | Susan will respond using two-word phrases |
| *Criteria* | Eight out of ten questions asked |
| *Evaluation Procedure* | As charted by the teacher |

| | |
|---|---|
| *Condition* | During small group time |
| *Specific Behavior* | José won't hit other children |
| *Criteria* | For five out of five days in a week |
| *Evaluation Procedure* | As recorded by the teacher |

It's extremely important to become familiar with the objectives of the children with whom you work. Knowledge of the objectives will help you to arrange opportunities for the child to perform the skill, provide instruction that is specifically related to the child's needs, and monitor the child's progress on a particular goal.

If you're currently working with children and families, ask the professional to see the objectives for the children. Work together to answer such questions as:

- How can I become familiar with the objectives for this child?
- At what times can I provide the child with the opportunity to practice the skills listed in the objective?
- How can I measure the child's progress on this objective?

## Recognizing Components of Instructional Objectives

Each of the following phrases could be a component of an instructional objective. In the blank in front of each, write the initials for the proper component: *B* = Behavior, *C* = Condition, *CR* = Criterion, or *E* = Evaluation Procedure. Remember, the criteria refers to quality, speed, accuracy, or duration of the behavior, as well as how often the behavior should be performed.

____ 1 While sitting at the table

____ 2 Will pick up a spoon

____ 3 Will use a pull toy

____ 4 As measured on a behavioral checklist

____ 5 Spontaneously

____ 6 On the bus

____ 7 Three consecutive days

____ 8 Correctly

____ 9 Will reach for

____ 10 Will connect two words

____ 11 During music time

____ 12 At home and at the center

____ 13 As reported by his mother

## Writing Appropriate Instructional Objectives

Read each of these objectives, and identify the component that is either missing or inappropriate. Rewrite the objective so that it's written properly.

- When asked, Jerome will follow the same two-word direction, by April 8, 1996, as measured by his teacher.

- During play time, Kathy will manipulate one moveable toy five out of six times.

- During story time, Frank will understand the story four out of five times, as measured by the teacher.

- Darla will point to her friends Susan and Cindy every day.

## *Summary*

Each child and each family is unique and requires special care designed specifically for them. Individualized Education Plans (IEPs) and Individual Family Service Plans (IFSPs) are written plans formulated to create a global plan. They assist parents and professionals in assessing the child's strengths and needs, developing goals and objectives for the child, planning educational services, and implementing the plan.

The summary of the child's current developmental status, and/or the description of the family's needs, is a crucial element of the IEP or the IFSP. This assessment helps everyone involved to understand the child's strengths and needs.

Identifying the goals and objectives for the child and family is the final step of the IEP and IFSP process. It's crucial that all team members are clear on the differences between the long-term goals and short-term objectives set for the child.

## *Questions to Ponder*

- How can you become more involved in the IEP or IFSP process?
- In what areas of assessment can you become more active?
- Who would you ask for more information on a particular child's objectives?

# 4

## *Chapter Four*

# In the Classroom

*43* Introduction
*44* Section 1 Developmentally Appropriate Practice
*48* Section 2 Roles in the Classroom
*53* Section 3 Instructional Techniques
*57* Section 4 Monitoring Children's Progress
*65* Summary
*65* Questions to Ponder

# Introduction

The phrase "a child's work is play" is often heard in early childhood classrooms. The belief that children learn best by playing, exploring, and talking to other children and adults is the driving force behind the requirement that early intervention services be "developmentally appropriate."

Just as the principles of child development can be applied to children with disabilities, *developmentally appropriate practice* (*DAP*) is the framework for early childhood special education classrooms. However, these classrooms may place more emphasis on providing instruction during play sessions. For a variety of reasons, children with special needs often don't know how to play or use play equipment without teacher intervention or modification. To be able to use play effectively and efficiently for learning IEP related skills, these children often need to be taught how to play. Thus, while play skills aren't intended to be the final outcome for the children we teach, play skills are functional skills that help children acquire the goals we have for them along the developmental domains.

There are several different instructional techniques that may be used to help young children learn. Traditionally, children with disabilities may have received instruction that was teacher-directed. This instruction emphasized "drill and practice", which means that children were taught particular, specific skills by having several opportunities to learn and practice the skill. For example, if a teacher wanted to teach the concept of the color red, he or she may have the child sit down and say "red" several times in response to a question like "What color is this block?" The question would be repeated until the child could answer correctly most of the time.

This type of teaching is effective at helping children to learn these specific skills and may be used occasionally, but by itself it doesn't reflect developmentally appropriate practice. Children learn best when the skills that are taught are relevant to the child and have meaning in his or her life. Developmentally appropriate teaching involves allowing the child to explore and interact with children, adults, and materials in order to learn skills. Instruction that's "embedded" into the child's daily routines and play time is recognized as "best practice" in the field of early childhood education.

Observing and recording children's behavior is a primary role for paraprofessionals in both center-based care and home-based programs. The paraprofessional who has these skills will be invaluable to the teachers with whom he or she works because monitoring children's behavior and progress on objectives is an essential part of early childhood services.

Upon completing this chapter, you should be able to:

- Demonstrate developmentally appropriate practice as it related to early childhood special education.
- Utilize teaching techniques that may be used by paraprofessionals across a broad range of settings.
- Demonstrate a working understanding of observational data collection and record keeping.

## Section 1

# *Developmentally Appropriate Practice*

The concept of developmental appropriateness has two dimensions: *age appropriateness* and *individual appropriateness.*

### Age Appropriateness

Human development research has indicated universal, predictable sequences of growth and change that occur during the first nine years of life. These predictable changes occur in all domains of development: physical, emotional, social, and cognitive. Knowledge of typical development of children within the age span served by the program provides a framework from which teachers prepare the learning environment and plan appropriate experiences.

### Individual Appropriateness

Each child has an individual pattern of growth, personality, learning style, and family background. The adults' interactions with children and the curriculum should both be responsive to individual differences. Learning in young children is the result of interactions between the child's thoughts and experiences with materials, ideas, and people. These experiences should match the child's developing abilities while also challenging the child's interests and understanding.

## Guidelines for Developmentally Appropriate Practice

Developmentally appropriate practice occurs when child-initiated, child-directed, teacher-supported play is the essential component of the program. Children's play is the primary vehicle through which children develop in terms of cognitive, physical, emotional and social growth. Developmentally appropriate programs are distinguished by the curriculum in place, the nature of adult-child interactions, and the emphasis on home-school relationships. The National Association for the Education of Young Children (NAEYC) has established the following guidelines for these features:

### The Curriculum

- A developmentally appropriate curriculum provides for all areas of a child's development: physical, emotional, social, cognitive, and language. Teachers recognize that all areas of children's development are integrated. Activities which stimulate growth and learning in one dimension affect other dimensions as well.
- The curriculum is continuously developed by the teachers as they observe children's special interests and developmental needs. For example, family or cultural backgrounds of children are used to broaden the curriculum for all children. Another example is when language games are introduced into a classroom where the teacher observes children who need further development in their communication skills.
- The curriculum emphasizes learning as an interactive process. Children learn best when they're given opportunities to actively explore and interact with materials, other children, and adults. Developmentally appropriate practice recognizes that children learn by doing. There's no correct or right way of doing things. Children learn about their environment through creativity and by problem solving through a process of trial and error.
- Learning activities and materials should be concrete, real, and relevant to the lives of young children. Play areas and activities are based on experiences that are fun and interesting to children and that provide opportunities for children to practice skills that are important to daily functioning.
- Multicultural and nonsexist experiences, materials, and equipment should be provided for children of all ages. These experiences enhance the child's self-esteem and support the child's learning experiences by strengthening ties between the home and the early childhood program. Multicultural experiences help children to accept and appreciate the differences and similarities among people in the classroom and the community.

### Relations Between the Home and the Program

- Parents share in decisions about their children's care and education. Teachers are responsible for establishing and maintaining contact. Communication between families and teachers helps build mutual understanding and guidance and provides greater consistency for children.
- Teachers share child development knowledge, insights, and resources as part of regular communication with family members.
- Important information about the child should be shared, with family participation, with other agencies or programs as children pass from one level or program to another.

## Adult-Child Interaction

- Adults respond quickly and directly to children's needs, desires, and messages. Adults in the classroom should communicate regularly with children and respond to their needs at a level which is appropriate for the individual child. For instance, adults use a warm and soothing voice when interacting with a child who is upset. The language used is appropriate for the age of the child. In general, adults should provide positive responses and show genuine interest in what children have to say.
- Adults provide many opportunities for children to communicate. Large group instruction, where children are expected to sit and listen to an adult talk, isn't as effective in facilitating development of communication skills in young children. Instead, children learn by having several opportunities to talk to other children and adults. Listening in a group can enrich learning when there's something meaningful to hear, but children should be given the opportunity to talk about what they have heard.
- Adults facilitate the development of self-control in children by treating children with respect and using guidance and redirection as discipline techniques. Teachers remind children of the rules and their responsibilities in the classroom.
- Adults facilitate the development of self-esteem by respecting, accepting, and comforting children, regardless of the child's behavior. Adults must demonstrate patience and tolerance of children's behavior. Adult behaviors that are never acceptable are: screaming in anger; neglect; inflicting physical or emotional pain; criticism of a child's person or family by ridiculing, blaming, teasing, insulting, name calling, or threatening humiliating punishment. Adults shouldn't laugh at children's behavior, nor discuss it among themselves in the presence of children.
- Adults are responsible for all children under their supervision at all times and plan for increasing independence as children acquire skills.
- Adults use appropriate instructional techniques to help children learn. Adults let children learn from their own mistakes by providing guidance and encouraging children to try again or to find alternatives. Adults value the unique responses of children, but provide support, attention, and encouragement as needed. At times adults may need to use direct teaching techniques.

This description of DAP was adapted with permission from Bredekamp, S. (1987). *Developmentally appropriate practice in early childhood programs serving children from birth through age eight.* (pp. 3-5, 10-11). Washington, DC: National Association for the Education of Young Children.

## Recognizing Developmentally Appropriate Practice

Read the following classroom scenarios and decide whether or not the scene described reflects developmentally appropriate practice. Discuss reasons why or why not as a large group. How might the situation be changed to reflect developmentally appropriate practices?

1 The school nurse has some screening tests that have to be done for several of the children. The classroom teacher tells the nurse that the best time to take children from the classroom is after the group time. After group time, the children are in free play so they won't miss any valuable instruction.

2 Spring is coming, so the teacher wants to start a classroom theme that deals with "things that grow." She sets up some areas in the classroom that have things that grow, such as plants and animals (e.g., a fish tank and a hamster). There are some new books in the reading area to go along with the new plants and animals. One day, the class goes for a walk. The teacher asks children to look on the ground and in the trees for new growth.

3 The "house corner" is Mrs. Wilson's favorite play area. She thinks that the children really like to play there and that they'll learn a lot from using the materials and role-playing with their friends. Although many of the children have a strong Hispanic heritage, Mrs. Wilson put many "American" foods and cooking utensils in the play area. She also included a play wok and chopsticks. Mrs. Wilson feels that since these children have experience with the foods cooked at home, they don't need it here. Also, putting food from different cultures in the play area helps to give them a multi-cultural experience.

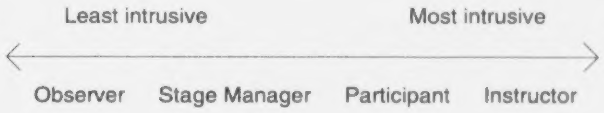
## Section 2

# *Roles in the Classroom*

There are several roles paraprofessionals can take to facilitate the development of play and other skills in children with disabilities:

- Observer
- Stage Manager
- Participant
- Instructor

These roles fall along a continuum from least intrusive to most intrusive:



The intrusiveness of a technique refers to the amount of control or direct involvement the teacher uses in order to change a student's behavior. The role of stage manager is less intrusive because it involves changing the environment: there's no direct contact with the child. The role of instructor is most intrusive because the teacher provides direct instruction to an individual student. This instruction may interrupt a child's natural activity. It's important to keep this continuum in mind and be aware of the level of intrusiveness of our teaching techniques. A general rule of thumb is to use the least intrusive technique necessary to have the desired effect on the child's behavior.

### Observer

Paraprofessionals will probably take on the role of observer more frequently, but for shorter periods of time, than any other role. It will be your observations of a child's activities and interactions that will help you decide which role to assume next. In addition, you'll use the role of observer to figure out the success or limitations of your previous role. Perhaps you attempted to teach a child a skill using a particular technique. Observation will help you determine if the child is able to learn through the technique or if a more direct instructional approach is needed.

Observations, whether long, focused ones, quick glances, or notes on a checklist, give you invaluable information about the skills and progress of individual children, the success and limitations of different strategies for facilitating learning, and the dynamics of child-child interactions.

## Stage Manager

Paraprofessionals act as stage managers when they arrange the physical environment, including materials, activities, and participants (adults and children) to promote a child's involvement in activities. Many times, a simple change in the environment can have a powerful effect on children's behavior. This is also true for adults. Our behavior often depends on where we are, what we're doing, and with whom we're doing it. There are several strategies paraprofessionals may use when structuring the environment for children's learning:

- Select appropriate materials. Materials which are preferred by students, functional and relevant to children's daily lives, and appropriate to wide range of skills should be made readily available in the classroom.
- Use materials to promote social play and cooperation. Materials that most often result in social play are dramatic play materials such as dress-up clothes, babies, house sets. Outdoor climbing equipment, tricycles, and wagons are also fun materials that children use together.
- Structure activities to promote social interaction. Adults can plan specific activities for children, or assist in the development of a play theme based on observations of children's play. In either case, the adult withdraws his or her involvement to allow children to direct their own play. Examples of structured activities are games, art projects, and asking children to do "chores" which require at least two children.
- Provide choices for children. Sometimes children have difficulty choosing an activity when there are many options available. Clearly define a limited number of choices for the child so that he or she may choose one in which to be involved.
- Encourage children to play near one another. If your goal is for a child to play with peers more often, you need to make peers available. Provide enough materials for children to play together and make sure this is adequate space for several children to play.

## Participant

There are two levels of involvement that the paraprofessional can take while acting as a participant in children's play: *parallel playing* and *co-playing*.

When parallel playing, the adult plays next to the child or makes suggestions about the play. For example, the adult may play in the sandbox, putting sand in containers and talking about what he or she's doing. Parallel playing can be helpful in a number of situations. It's particularly helpful for a withdrawn child who becomes more withdrawn when an adult gives direct attention. This way of involving yourself can also help children play longer. The child may learn new ways to use the materials, and may learn from adults that play is valuable.

In co-playing, the adult joins play that is already started and lets the children control the play. The adult influences play by asking questions and responding to children's actions and comments. The adult doesn't direct the play, but offers contributions. Co-playing, like parallel playing, helps children play longer and gives children the sense that play is important. The teacher can expand the play in a non-directive way. Sometimes new children can be brought into the play.

This strategy works best when the children already have a fairly high level of play, but are stuck in one play theme. This strategy doesn't teach children new play skills and may not work well for children who prefer to play alone or don't pretend.

## Instructor

The role of instructor is generally used to directly teach a specific skill/action or to impart needed knowledge. The key word in this description that differentiates this teaching from that done through participation is *directly*, by which we mean that the teacher is directing the focus and learning of the child as an outsider to the play. This direction can take two forms:

- Briefly interrupting play to provide direct one-to-one instruction on something relevant to the continuation of the play.
- Providing instruction as an outside observer of the play.

In the first form, instruction happens within the context of the play and the skill being taught is relevant to the play. However, the teacher may have to briefly interrupt the play in order to teach the skill. For example, when you notice that a child playing trucks doesn't know how to lift the back end of.the dump truck to dump his or her load, you'll intrude into the play to provide that child with one-to-one instruction and demonstration. Once the child has obtained some skill and needs to simply practice to achieve mastery of this action, you can move back to being the observer or a participant in play. Obviously, this instruction may need to occur over and over again, but always within the context of the play so that the child can incorporate the skill into free-play.

In the second form, the teacher is still directing the child's focus and learning, but isn't interrupting the play to do so. Instruction comes from directing the child's involvement in the play through questions ("You're baby is crying. What can you do?"), prompts ("What do you need to give the bus driver before getting on the bus?"), directions ("Pay for your groceries first, then put them in the bag") and suggestions ("Maybe Erica can baby-sit for your baby while you go to the store") made from the sidelines as an observer.

The role of instructor will be most prevalent at the beginning of an activity when you're introducing new or unfamiliar materials, vocabulary, or equipment. The challenge of choosing the instructor role is knowing when it's no longer needed. When it's your job to teach children, it's often difficult to think of yourself in roles other than instructor. This is where the other roles are so valuable. With these multiple roles, you can provide direct instruct briefly, back off, and observe the child to see if the amount of instruction appears to have been adequate to initiate new attempts, new skills, more practice, or mastery. If nothing has changed, more instruction is needed.

All in all, if the child is to benefit from participation in play-based activities it's best to err by backing off from direct instruction. You can always provide more direct instruction as needed.

Here are some guidelines for choosing which role to take:

- The role of observer may be used at any time. It's helpful to remember to observe children as they begin a new activity so that you can determine a child's skill level in that activity. If the child is fairly independent in the play, you won't need to use more directive approaches. Observation also helps you to make decisions about which activities or techniques to try in the classroom.
- Arranging the environment, or being a stage manager, is appropriate at any time. In fact, environmental arrangements should be tried before other, more intrusive teaching strategies, are used. Talk with the classroom teacher about the classroom, the materials in the classroom, and the peers that are available for play. Teachers may have several ideas or preferences when it comes to setting up the classroom environment.
- Acting as a participant in children's play isn't only helpful for children, it can be fun for adults too. When participating in children's play, make sure that the children are directing the play, not you. Your involvement won't disrupt play if you allow children to remain in control.
- Direct instruction should be provided when:
    - Children don't engage in make-believe play on their own;
    - Children have difficulty playing with other children;
    - Children's play is repetitious or appears to break down;
    - The caregiver is introducing a new play theme.

Direct instruction should be used with caution because it can be disruptive. It should be phased out when play is going well.

Portions of *Roles in the Classroom* based on Heidemann, S., & Hewitt, D. (1992). *Pathways to play: Developing play skills in young children.* Redleaf Press, 450 N. Syndicate Street, Suite 5, St. Paul, MN 55104, 1-800-423-8309; Cavallaro, C.C., Haney, M., & Cabello, B. (1993). Developmentally appropriate strategies for promoting full participation in early childhood settings. *Topics in Early Childhood Special Education, 13,* 293-307; and Wolery, M., Bailey, D.B., & Sugai, G.M. (1988). *Effective teaching: Principles and procedures of applied behavior analysis with exceptional students.* Boston: Allyn and Bacon, Inc.

## Classroom Observation

Observe an early childhood classroom during a free play period. If you aren't currently working in a classroom, ask the instructor to help you arrange for an observation. The focus of this observation will be on the behaviors of the adults in the classroom. In the spaces provided below, record things that the teacher does that are particular to each of the four roles. In addition, write down things that teacher does that don't seem to fit into any of these roles. For instance, how much time does the teacher spend communicating with other adults, doing paperwork, cleaning, etc. After doing the observation, spend some time thinking about the amount of time the teacher spends on "Direct instruction" as compared to the other roles. Be prepared to discuss your observations with your classmates.

- Observer

- Stage Manager

- Participant

- Direct Instruction

- Other Activities

## Section 3

# *Instructional Techniques*

### Naturalistic Techniques

Researchers have developed several teaching strategies that may be used throughout the child's day, without disrupting the natural activities of children. These strategies are often called *naturalistic* or *milieu* instructional techniques. Several of these naturalistic techniques were described by Diane Bricker and Juliann Woods Cripe in their book *An Activity-Based Approach to Early Intervention*. These strategies focus on interactions between children and adults that encourage children to explore their environment and use their problem-solving skills. Several of these strategies are summarized below.

#### Forgetfulness

*Forgetting* can occur when the adult fails to provide the necessary equipment or materials, or overlooks a familiar or important component of a routine or activity. Examples include not having food immediately available for snack time, paint brushes for painting, or books for story time. The goal of this technique is for children to recognize that something is missing, and begin to ask questions, search for materials, or engage in other appropriate problem-solving actions.

#### Visible But Unreachable

*Visible but unreachable* involves placing objects that children like where they're visible but unreachable. Placing objects within sight but out of reach can encourage the development of social, communication, and problem-solving behaviors. If the child wants an object, he or she will be required to communicate with adults or other children in order to get it. One way to use this technique is to put the object in sight, but at adult level. Wait for the child to ask for the item. If he or she appears to want the item but doesn't ask, model the correct way of asking. For instance, you might say "want ball." Encourage the child to repeat your words and provide the child with the object after he or she has imitated what was said. Give children opportunities to imitate the model if they don't follow through the first time. Always provide the child the object, even if they don't get it perfectly – you can always try again later.

#### Violation of Expectations

Leaving out or changing a familiar step or element in a well-practiced or routine activity is a strategy known as *violation of expectations*. Many violations may seem funny to children. For example, the caregiver may try to write with a pencil while using the eraser, or place a block on the child's plate for a snack. Children often recognize these changes and communicate their recognition by pointing, speaking, or helping the caregiver to get it right. This intervention can be very fun for both the child and adult and may help children to work with others to solve problems.

### Piece by Piece

Another teaching strategy is for the caregiver to hold on to pieces of materials so that the child must request the material *piece by piece*. For example, when working on a puzzle, pieces can be handed out as the child asks for them, or when children are being pushed in a swing the caregiver can wait for the child to request another push before continuing. However, this strategy should be used carefully: too many disruptions may interfere with the meaningfulness of the activity. Make sure that children are staying actively involved in doing the activity while requesting pieces. Don't allow them to become frustrated.

### Assistance

Putting out materials or setting up activities that require *assistance* from adults or peers is a strategy that can be effective in the development of a range of skills in the self-help, fine motor, gross motor, and communication areas. For example, placing a snack in a clear container with a lid that the child can't remove independently may set the stage for the child to seek assistance. Once the request is made, the child can work with adults or peers to open the container. Another example is asking children to carry objects which are too big to carry by themselves. They'll then have to ask someone to help them and work together to pick up and move the object.

### Delay

Using a *delay* strategy introduces a pause or small delay in an activity in order to prompt a response from the child. For example, the caregiver may stand near the child with a pitcher of juice and wait for the child to say "juice" before pouring it into a glass. This technique fits easily into many activities.

### Questioning/Prompting/Modeling

Adults can encourage children to communicate and may influence the child's play by asking questions and providing verbal prompts. Open questions may be used to encourage descriptive responses. These questions typically start with who, what, why, when, or how. Examples might include "When will your dinner be ready?" or "What happens next?" These questions may be used to help children communicate or may prompt children to perform a certain behavior.

Verbal prompts also help children to continue their play. For instance, a prompt may be "Ask John for the butter" or "Hold your baby up to feed her". These prompts should be as inobtrusive as possible, and should be used only when children are stuck and not sure what to do next in their play.

Adults may also model appropriate behavior for children and encourage them to imitate the behaviors. Peers often make wonderful models for children. For example, encourage children to watch how a friend in the class uses materials or talks with others.

Material in *Naturalistic Techniques* adapted with permission from Bricker, D. & Woods Cripe, J.J. (1997). *An activity-based approach to early intervention* (pp. 134-37). Baltimore: Paul H. Brookes Publishing Co.

## Behavior Management

Behavior management is an important part of early childhood education. It occurs when teachers attempt to change a child's behavior by controlling the events that happen just before or just after the behavior usually occurs. The teachers in your classroom are usually experts at behavior management. They spend a lot of time analyzing behaviors and coming up with ways to change them. It's their responsibility as teachers to create "behavior plans" for children. As a paraprofessional, you may be responsible for implementing these plans. The teacher should give you specific instructions regarding the plan, as each plan is uniquely designed for a child. However, there are some basic principles of behavior management that are important to know:

- Children are more likely to repeat behaviors that are followed by things they like: praise, reinforcement, or fun strengthens a behavior.
- Children are less likely to repeat behaviors that are followed by things they don't like. Lack of pleasure or punishment weakens a behavior.

The techniques that are often used to change behavior are reinforcement and praise, ignoring, or proximal praise. Behavior management can be very complex because there are many factors which influence behaviors. To learn more about behavior management, refer to the articles in Appendix E. Also, talk to the lead teacher in the classroom about things you can do in the classroom to promote or discourage behaviors in the class.

### Reinforcement

*Reinforcement* involves providing a child with something that will encourage him or her to continue the behavior that occurred just prior to receiving the reinforcer. Reinforcers may be anything from food, to objects, activities, and social praise. Praise is one of the best reinforcers, and it's preferred because it's meaningful to children, has a "social" value, and may help children to perform behaviors across a variety of settings because it's easily accessible.

The following are some guidelines for effective praising:

- Be spontaneous, genuine, and warm.
- Be specific, rather than general. Tell children exactly which behavior you're praising. For instance, "I like how you sat at the table until I asked you to leave".
- Attach the student's name to praise. That way, they'll know that you're talking to them and will give you their attention.
- Use the "if–then" rule. If the student is doing something you want them to do again, praise them. "Catch" children being good!
- Make sure praise isn't disruptive. Don't interrupt what a child or the class is doing in order to praise a child. This type of praise may cause the child to feel embarrassed or singled out, and it will have the opposite effect than you wanted.
- Make sure that praise is varied. Don't use statements like "good job" over and over. Provide praise through different statements, gestures, or other nonverbal messages.

The guidelines for effective praising adapted with permission from Wolery, M., Bailey, D.B., & Sugai, G.M. (1988). *Effective teaching: Principles and procedures of applied behavior analysis with exceptional students.* (pp. 247-248). Copyright © Allyn & Bacon, Inc., Boston.

### Ignoring

*Ignoring* is also called *extinction.* In this technique, the adult withholds any type of reinforcement. If the child is no longer receiving the reinforcement, the behavior should eventually fade out. Ignoring works when the behavior is being reinforced by the attention that it receives. For example, children often use swear words because they like the way teachers and children respond to it by getting excited or being shocked. If teachers ignore the behavior, and no longer provide the reinforcer, it won't be as much fun to swear.

### Proximal Praise

*Proximal praise* involves praising other children who are engaging in appropriate behavior in order to get a child to also perform the desired behavior. For example, if a child is running around the class, the teacher can begin to give praise to the children who are sitting in their seats. If the teacher's praise is valuable to the child, he or she will sit down in order to earn it.

# Section 4

# *Monitoring Children's Progress*

Observation is more than just looking at children. Instead, it's looking for something in a particular way. We can learn a great deal about how children learn and grow by observing and interpreting their behavior as they use materials in the classroom, play with other children, interact with their parents or teachers, and engage in daily activities.

Observation is especially important in early childhood because young children are most often not able to tell us what they're thinking or feeling or why they're doing something. In fact, much of what we know about children and human development comes from observation by individuals who interact with children on a consistent basis.

## Collecting Data

Collecting data and measuring student behavior in a formal manner is an especially important aspect of effective teaching in early intervention for the following reasons:

### Identifying Current Level of Performance

Observing behavior helps to pinpoint where the child currently is on instructional objectives. Teachers often measure children's behavior before they provide instruction. This is called *baseline data*. Baseline data helps the teacher decide how far the child is from where he or she should be. It also helps the teacher to develop objectives and instructional plans.

### Determining Effectiveness of Instruction

Another critical aspect of monitoring children's behavior is to assess the effectiveness of the child's program. Keeping track of the child's behavior helps the teacher make decisions about when instructional changes are needed to help the child make progress on his or her individualized objectives.

### Communicating About a Child's Progress

Monitoring children's progress on objectives facilitates communication in the classroom, with parents, and with students. When data is summarized – and displayed in an understandable fashion – professionals may communicate more easily with families and with other service providers. Children may also receive praise and encouragement when their progress is shared with them.

### Demonstrating Accountability

According to the laws regulating special education, educators must show the degree to which children are making progress toward achieving the goals and whether modifications or revisions of the goals or services are necessary. Teachers use the data they have collected to document their efforts and to show that a number of strategies have been tried to meet the child's needs. Documentation provides a record of which strategies were and were not successful with the child.

## Validity & Reliability

Observations of behaviors must be valid and reliable in order to be useful in the above ways. What is meant by valid? In order for a measure to be valid, you must be sure that you're actually measuring what you say you're measuring. *Validity* depends on your ability to make observations which are objective. That means that you must be able to count, see, or hear the behavior. *Reliability* refers to consistency of measurement. That is, your observations of particular behaviors should be collected in the same way over time. Your measurement should also have high *inter-rater reliability*. Inter-rater reliability is the degree to which two people agree that a behavior has occurred during an observation session.

The following are guidelines to ensure that the observations you make are valid and reliable:

- Be sure to define clearly, in operational terms, the behaviors to be recorded. An operational definition describes behaviors that are both observable and measurable. Two different individuals should be able to observe and agree what occurred.
- Clearly describe the procedures to be followed in observing and recording behavior, and then adhere to them.
- Practice prior to actual observations.
- Record data immediately; don't wait to record it later.
- Use equipment such as stopwatches, tape recorders, beepers, or videotapes to improve accuracy.

There are several techniques which may be used to observe and record children's behavior. The following are descriptions of six different techniques for data collection:

- Narrative description
- Time sampling
- Event sampling
- Anecdotal records
- Frequency counts or duration records
- Checklists

Each of these techniques is appropriate for certain data collection purposes. Some will allow for more detailed descriptions of behavior, while others record behavior quickly and with a minimum amount of description. Data collection can be thought of as fishing with a net. Sometimes you'll want to use a net with very small holes so you can "catch" many types of behaviors. Other times, when you only want to catch certain behaviors, you would use a net with large holes so that most of the extra information will pass through. You can talk with the classroom teacher about the purpose for each observation session, and work together to decide the best method for data collection.

### Narrative Description

*Narrative description* is a formal method of observation that also goes by such names as *running behavior record* and *specimen record.* In this technique, you continuously record, in as much detail as possible, what the child does and says, by him- or herself and in interaction with other people or objects. The observer records the context (setting or situation), the behaviors, and the sequence in which they occur. The chief goal of the descriptive narrative is to obtain a detailed, objective account of behavior without inferences, interpretations, or evaluations of the behavior.

There are a number of advantages to the descriptive narrative. It provides a rich, detailed account of a child's behavior and the circumstances in which it occurred. The record is permanent and can be used for a later comparison with more recent records. The method can be costly in time and effort, however, and isn't very efficient for quickly gathering representative samples of behavior. The technique also requires skill because of the many details that are the targets of narrative description.

The following is an example of a narrative description. Note that all the child's behaviors are recorded in an objective manner, without inferences made about the child's behavior.

Name: *B.* Date: *Monday, Apr. 8, 1996*
Observer: *Sandra* Time: *9:30 to 9:45 A.M.*
School: *XYZ Child Care Center*

The children are in the gymnasium. B. runs to the mat and lays down when teacher tells him to. On the mat, he rocks his legs up. The teacher stands over him with a large ball. B. reaches for the ball, the teacher says "no," he kicks his feet in the air, and touches the ball with his feet. The teacher pushes his feet down on to the mat and tries to roll the ball over his body. He kicks and pushes at the ball, saying, "no."

Teacher: "Do you like this?" B.: "No." Rolls off of mat, and lays on his back looking at other children.

B. gets up and runs to the stair climber. Teacher goes to get him, says "sit down" and points to the slide; B. backs up and goes down

> stairs. She points to the mats and he says no, he crawls to the corner and puts his face in the carpet. T. says come on and takes his hand; B. says "no" and lays on his stomach. T. picks him up and carries him to the center of floor.

### Time Sampling

The *time sampling* method has two distinguishing features: it observes and records selected samples of a child's behavior, and does so only during predetermined intervals of time. Whenever a behavior occurs during the time period, it's recorded. Time sampling aims at representative samples of behavior.

It may be helpful if you can think of time sampling in relation to the concept of a behavior stream. A person's life consists of a continuous stream of behavior that flows through time. Time sampling looks for samples of certain kinds of behavior in a child's behavior stream, but it looks for those behaviors only in specific parts of the stream identified by intervals of time.

To achieve representative samples, you must observe over a large enough number of intervals to capture the typical quality of the stream of behavior from which the sample is taken. For instance, in a 20 minute observation, you could record once a minute for 20 intervals, or every 30 seconds for 40 intervals. The length and distribution of the intervals will depend on the particular behavior that you're recording.

Time sampling methods usually use a *coding scheme.* This is a means of reducing complex, detailed descriptions of behavior to a simple mark or tally on an observation sheet. Coding schemes usually record categories of behavior, such as aggression or play behavior. There are two types of coding schemes: *sign systems* and *category systems.*

A sign system is a scheme in which the categories of behavior chosen for observation are mutually exclusive: no given behavior can be put into more than one category because each category excludes all others. For instance, a child can't be following directions and ignoring directions at the same time.

A category system is a coding scheme in which the categories of behavior chosen for observation are both mutually exclusive and exhaustive. That is, each category excludes all other categories, and the categories include the total range of behaviors that a child can exhibit. A good example of a category system is Parten's six categories of play behavior.

Time sampling is economical of time and effort. It regulates precisely the content of the observation and the amount of time you observe. An important disadvantage of time sampling is that it doesn't capture the details of behavior and context. It also isn't a useful method for recording infrequent behavior.

## Event Sampling

*Event sampling* differs from time sampling in that it takes specifically defined behaviors or events from the child's behavior stream, but isn't concerned with when the behaviors occur or the length of the recording period. Events are behaviors that can be placed into particular categories. For example, a quarrel can be an event; but quarrels are made up of specific, observable behaviors such as loud speech, certain kinds of facial expressions, or arguing over possession of a toy which, in turn, can be events. The event must be carefully defined before beginning the observation.

After you define the event in terms of the behaviors you'll accept as examples of the event, you place yourself in the observation setting and wait for the event to occur. When it does, you can do one three things. You can record the behavior using (1) a coding scheme, (2) narrative description, or (3) a combination of the two. The previous discussion of coding schemes in time sampling also applies to event sampling. When using narrative description, you'll observe and record for as long as the event lasts.

Event sampling shares some of the advantages of both the specimen record and time sampling. There's the potential for detailed behavioral descriptions and the use of efficient coding schemes. Infrequently occurring behaviors can be suitable targets for event sampling, if you're in a setting often or for long periods of time. Keep in mind, however, that recording events still breaks up the continuity or "stream" that characterizes all behavior.

One type of event sampling sheet that you might use contains three columns. The first column is labeled "Antecedent", the middle column is labeled "Behavior", and the last column is "Consequence." Whenever the behavior or "event" occurs, you record the exact behavior in the middle column. In the first column, you record anything that happened just prior to the behavior. In the final column, you write down anything that happened just after the event occurred. This type of data is especially valuable for behaviors that don't happen very frequently. Teachers may be able to use this data to make hypotheses about why certain behaviors occur. The events that are recorded may be either positive or negative behaviors. For example, if a child screams and hits other children, it's helpful to know what happens just before and just after the behavior so that changes can be made that will have an effect on behavior.

## Anecdotal Records

The *anecdotal record* is often used by teachers to help them understand some aspect of a child's personality or behavior. Five characteristics of the anecdotal record are:

- It's the result of direct observation, not based on rumors or observations made by other people.

- It's a prompt, accurate, and specific description of a particular event.
- It gives the context of the child's behavior.
- Inferences and interpretations are kept separate from the objective description.
- It records behavior that is either typical or atypical for the child being observed. Anecdotal records may also be used to report anything of interest to the observer.

The method's important advantage is that it gives the teacher a running record to help understand a child's behavior in particular situations and settings. It also allows for ongoing comparisons of behaviors, which provide a way of documenting changes in the child's behavior. An important disadvantage is that they're not easy to write, and some people argue that it's easy for bias to enter into the selection of events and behaviors to be recorded.

## Anecdotal Records

Two anecdotes are printed below. Read each carefully and *circle* the words used that describe a behavior that you can see, hear, or count. *Underline* words that describe behaviors that are not observable or measurable. This anecdotal record activity is more effective when completed in small groups, after which you can come together as a large group to discuss the "edited" versions. An alternative involves using this activity as a homework assignment and discussing the changes at the beginning of the next class session.

### Anecdote 1

Sally was having a terrible day. She started off in the morning by spitting on Ms. Pickett, the paraprofessional who met her at the bus. Then she bopped Louie twice with a baseball bat and kicked Thelma in the shins. She wet her pants on the floor and was so embarrassed that she had a tantrum. She was so naughty that none of her friends liked her. Her aggressive behavior was annoying everyone. After her nap in the afternoon, however, she jumped off the cot, kissed Ms. Pickett three times and talked to Louie, Patricia, and Jeff. When it was time to go home, she waved good-bye to everybody.

### Anecdote 2

I sure learned today why Jake is labeled "autistic." About 10:00 this morning he began head-banging on the floor. He banged times before he stopped. Then, he put his hands in front of his eyes and wiggled his fingers for 10 minutes. He did that again at 11:30. His dual diagnoses showed up again in the afternoon when he seemed to retreat into a dream world. He smiled and twirled around the floor, obviously enjoying the fantasies in his mind. His usual paranoia seemed less, and he talked to Mr. Leonard for two minutes. After that, he wouldn't work and just lazed about for the rest of the day.

Like many anecdotal records, the two above are a combination of both good and poor observation. Choose one of the two and rewrite it so that it's a good example of your observation skills.

The *Anecdotal Records* activity adapted with permission from Pickett, A.L. (1993). *A core curriculum and training program to prepare paraeducators to work in center- and home-based programs for young children with disabilities from birth to age five.* New York: The National Resource Center for Paraprofessionals in Education and Related Services. City University of New York.

## Frequency Counts & Duration Records

The *frequency count* tallies the occurrences of a particular behavior. The observer simply makes a mark on an observation sheet every time a particular behavior occurs. The *duration record*, a variation of the frequency count, measures the length of a behavior. The duration record is used when the extent of a child's behavior is more important than the frequency. The observer begins timing when the behavior begins and records the length of time that has passed when the behavior ends.

Both frequency counts and duration records require you to define, in advance, the behaviors you want to observe and record. This method may be used to record behaviors such as hitting, biting, or talking to other children. A duration record might be used to record the length of time a child spends watching the teacher or using materials.

Frequency counts have such advantages as simplicity of use, provision of immediate data, and usefulness in noting changes in behavior over repeated observations. The chief disadvantage of these methods is that they reveal virtually nothing about the details of behavior and its context.

## Checklists

The *checklist* is a simple method with many uses. A checklist is any record that denotes the presence or absence of something. There are two types of checklists. One type of checklist records *static descriptors*, which are defined as a set of items that refer to highly stable characteristics of children or settings. Examples of static descriptors are age, sex, race, and socioeconomic status. The second type of checklist records actions, which are simply behaviors. An *action checklist* records the occurrence of a behavior during a period of observation.

Checklists have the advantage of being usable in many different situations and methods. They're efficient and require little effort. Checklists can be filled out by several people in the classroom so the overall impressions of children's behavior may be measured. A disadvantage is that checklists lose details of the observed behavior and its context. The checklist should be matched carefully with the objectives of the observation.

## Motor Skills Checklist

The *Motor Skills Checklist* is most appropriate for someone who knows a child well and has had several opportunities to observe the child. Complete the sample checklist below by observing a child that you know.

Child observed ______________________________

Child's age ______________________________

Setting ______________________________

Date ______________ Time ______________

Yes No

1 Imitates a three-cube bridge.

2 Uses both hands to steady a cube tower.

3 Uses scissors to snip accurately.

4 Copies a circle.

5 Imitates a horizontal line and a cross.

6 Feeds self independently with a spoon.

7 Dresses and undresses with assistance for front, back, snaps, and laces.

8 Jumps in place.

9 Pedals tricycle.

10 Washes and dries hands.

11 Bounces ball at least three times.

12 Holds crayon between thumb and first two or three fingers.

After the behaviors have been recorded using any of the methods above, the teacher must interpret the data and apply what he or she has learned. A finding is only a finding if it has some meaning which can be applied to a specific situation or problem. Ongoing evaluation depends on interpretation, or making comparisons between something observed and a standard, or expected outcome, of behavior. In this way, what is observed is directly linked to children's objectives. The classroom teacher's role is to interpret results from observation and implement strategies to either change, increase or decrease, or maintain the behavior at its current level.

## Teachers & Observation

Teachers often create data collection sheets to measure children's progress on instructional objectives. Talk with a classroom teacher about his or her preferred methods of data collection and ask to see examples of forms used in the classroom. You may want to ask the teacher the following questions to get a better idea of the role of data collection in early childhood classrooms:

- How often do you collect data for an individual child?
- Who is the primary person responsible for collecting data? Who is responsible for scheduling observations? Who is responsible for interpreting data? If these functions are spread across people in the classroom, how did you decide who would collect data?
- Which methods do you prefer to use? Do they change depending on the particular behavior you're observing?
- What do you do with information after you observe children?
- How do you share the information with other adults in the classroom? With parents?

## Summary

Early intervention and early education services require using developmentally appropriate practice. Developmentally appropriate practice occurs when child-initiated, child-directed, teacher-supported play is the essential component of the program.

Special education classroom settings also require developmentally appropriate practices. The roles of the paraprofessional often include socially integrating students to instruction of play skills.

Instructional techniques used with children who have disabilities should reflect a naturalistic approach. This allows the child to be instructed by using their natural activities throughout the day.

Observing and recording skills are important to the early childhood program. Paraprofessionals should be well-trained in this area since monitoring children's behavior and progress on objectives is an essential part of both early intervention and early education services.

## Questions to Ponder

- How can you make an area in your work setting more developmentally appropriate?
- What is another role you would like to take to facilitate the development of play and of skills in children with disabilities? How can you obtain it?
- When managing behavior, what approach do you and your colleagues use?

5

## *Chapter Five*

# Families

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# *Introduction*

We've learned so far that families are very diverse – as unique as every individual in them. Many things make families different from one another, including financial status, where they live, who's in the family, and cultural background. The families and children we work with will often have cultural backgrounds and beliefs very different from our own. Systems theory tells us that family beliefs and values have a powerful influence over the behavior of individuals within the family and many of the values that families cherish are a part of their cultural heritage. In order to work with families, early interventionists must develop cross-cultural competence. The competent paraprofessional has the knowledge and skills to recognize and respond to the fact that families have different structures, perceptions and attitudes, and language and communication styles related to a rich cultural background.

It should become clear as you go through this module that a primary goal of early intervention is to help young children with disabilities grow to become active, contributing members of their communities throughout their lives. Integrated programs including individuals with and without disabilities and opportunities for children to be involved in the larger community are absolutely necessary to provide quality early childhood intervention.

Paraprofessionals play a very important role in integrating young children with disabilities into the community. Paraprofessionals are often hired to help facilitate inclusion by accompanying individual children who need support in integrated settings.

Upon completing this chapter, you should be able to:

- Provide a definition of "family."
- Describe methods to empower families to better meet their needs and the needs of their children with disabilities.

## Section 1

# *Working with Families*

What is a family? This question sounds rather simple. We all know what a family is – or do we?

As families become the focus of early intervention, educators are realizing that the statements typically used to define "family" often don't describe many of the families that enter into early intervention. Write your definition for a family in the space below.

Share your definitions with the group and discuss the similarities and differences in the definitions. Chances are good that there were several definitions. Each of us has some picture of what a family is because most of us have a lot of experience with families. Most of us are part of a "family."

Families are as unique as each of the individual members in them, and young children with disabilities can be found in a wide range of families. They may come from homes where they're being raised by only one parent; maybe both of their parents are the same sex; maybe they don't live with the people who gave birth to them. These types of differences are referred to as differences in *family structure.* Some different kinds of family structures are:

- Traditional two-parent
- Adoptive
- Extended – people such as aunts, uncles, and grandparents are a major part of the child's family.
- Single-parent
- Step families
- Same-sex
- Shared custody
- Foster families

It's important to recognize that each of the members of families take on unique roles within a family. For instance, it isn't safe to assume that the mother is the main caregiver for the child. The father, siblings, grandparents, or anyone else may be responsible for child care.

How then should families be defined? One definition for a family is:

> Any unit that defines itself as a family including individuals who are related by blood or marriage as well as those who have made a commitment to share their lives. The key elements are that the members of the unit see themselves as a family, are affiliated with one another, and are committed to caring for one another.
>
> (*Trimbach, et. al., 1990*)

This is how families will be defined for the rest of the section. Decide as a group if this definition suits your needs. If not, work together to develop a definition for families before continuing.

## Empowering Families

A term that is often heard in early intervention is *empowerment.* Empowering families is a goal of early intervention programs that are family-centered; this goal includes intervention to identify family needs, to locate informal and formal resources and support for meeting those needs, and to help link families with the identified resources. The goal isn't to do everything for families, but rather for early childhood workers to provide the initial help families need to function independently. Identifying needs, and helping the family find ways to meet them, makes it more likely that families will be able to provide for the special needs of a child with a disability.

The *Family Needs Survey* found in Appendix F provides an easy way to find out what families need in order to help their child's development. Give this survey to a family you know or work with who has a child with a disability. If you don't have such access, you can role play with another person in your class.

Work together in class to brainstorm ways that paraprofessionals can help meet family needs, either by directly working with the family, working with professionals, or providing support in other ways.

## Your Role as a Paraprofessional

Once family needs have been identified, the paraprofessional can think of ways to help families meet their own needs. Most times you'll be helping families under the direction of a service coordinator or other professional. That person should give you guidance in your role. You should also make sure that you, your supervisor, and the family have a clear understanding of what you are and are not responsible for in your role as paraprofessional. This should be worked out *before* you run into a situation where you're uncomfortable or unsure.

People who work with young children and their families sometimes feel a bit anxious about parent involvement. This anxiety may stem from inexperience in working with parents, or uncertainty about admitting limitations in knowledge or skills, and/or not referring to others. They may also have difficulty overcoming barriers that rise from differences between families regarding life skills, abilities, or priorities. However, paraprofessionals can have certain characteristics that will lead to good relationships with parents. In particular, paraprofessionals can provide families with information and support by following these suggested guidelines.

### Providing Information

- Have as much information as possible about the particular disability with which the family is coping.
- Be familiar with community resources that parents can connect with to access the information they need.
- Be familiar with the names of people or organizations who may have more information for parents. For example, advocacy groups, or professional organizations for individuals with disabilities may be good sources for support or information.
- Know your role and when to say "I don't know". Refer parents to the teacher or service coordinator in charge of the case.

### Supporting and Encouraging Families

- Listen! Listening to parents shows you respect them.
- Give parents recognition for their strengths and successes.
- Don't talk down to parents; they're experts when it comes to their child. Believe the parent when they tell you something about their child.
- Avoid saying "I know how you feel." Most times we can't know how a person is feeling. Resist the temptation to say "Everything will be all right." Common sense tells parents that everything won't be all right. Using these statements may reduce your credibility with families and may make families feel that you don't care how they're really feeling.
- Use statements like "What do you think would help?" or "Who do you think can help with this?" instead of "This is what you should do" or "I know who can do this for you."
- Maintain confidentiality. Don't discuss the family's case with anyone but your immediate supervisor. Likewise, don't talk about other children or families when you're working with parents. According to law, privacy is the *right* of all families.
- Show respect for children and value them as people.
- Don't pressure parents to participate.
- Listen to parents' opinions, then show you value them by following through on requests.
- Accept people's right to be different; avoid generalizing and stereotyping.
- Always check with the teacher or case manager before sharing information about the child. In center-based programs, you may be the only early child care provider that the parent sees regularly. This can put you in an awkward position if you're not clear about your role in working with parents.

Material in *Your Role as a Paraprofessional* adapted from Murray, J. (1990). "Best practices in working with parents of handicapped children." In Thomas, A. & Grimes, J. (Eds.). *Best practices in school psychology II* (pp. 829-34). Washington, D.C.: National Association of School Psychologists. Copyright 1990 by the National Association of School Psychologists. Reprinted with permission of the publisher.

## Section 2

# *Developing Cross-Cultural Competence*

> Achieving cross-cultural competence requires that we lower our defenses, take risks, and practice behaviors that may feel unfamiliar and uncomfortable. It requires a flexible mind, an open heart, and a willingness to accept alternative perspectives. It may mean setting aside some beliefs that we have cherished to make room for others whose value is unknown; and it may mean changing what we think, what we say, and how we behave. But there are rewards – the reward of assisting families who need someone who can help them bridge two different cultures as well as the reward of knowing more about ourselves and becoming more effective interpersonally.
>
> *Eleanor W. Lynch, 1992*

There are three major strategies that interventionists may use to develop cultural competence:

- Develop self-awareness.
- Develop culture-specific awareness and understanding.
- Understand communication issues.

### Developing Self-Awareness

One of the first steps in understanding individuals from other cultures is to think about our own values, beliefs, and behaviors that are influenced by our family background. Culture isn't just something that someone else has. All of us have a cultural, ethnic, and linguistic heritage that influences our current beliefs, values, and behaviors. All cultures have built-in biases and there are no right or wrong cultural beliefs. There are, however, differences that must be acknowledged. Cultural self-awareness is the bridge to learning about other cultures. It isn't possible to be truly sensitive to someone else's culture until you're sensitive to your own and aware of the impact that cultural customs, values, beliefs, and behaviors have on your behavior.

### A Cultural Journey

To learn a little more about you own heritage, take this simple cultural journey.

After answering these questions on your own, bring them to the group and discuss with others the values, beliefs and cultural practices you have defined for yourself. What are the similarities between the people in your group? What are the differences? Brainstorm ways that you can learn more about the cultures represented in the group.

### Origins

- When you think about your roots, what country/countries other than the United States do you identify as a place of origin for you or your family?
- Have you ever heard any stories about how your family or your ancestors came to the United States? Briefly, what was the story?
- Are there any foods that you or someone else prepares that are traditional for your country(ies) of origin? What are they?
- Are there any celebrations, ceremonies, rituals, holidays that your family continues that reflect you country(ies) of origin? What are they? How are they celebrated?
- Do you or anyone in your family speak a language other than English because of your origins? If so, what language?
- Can you think of one piece of advice that has been handed down through your family that reflects the values held by your ancestors in the country(ies) of origin? What is it?

### Beliefs, Biases, and Behaviors

- Have you ever heard anyone make a negative comment about people from your country(ies) of origin? If so, what was it?

- As you were growing up, do you remember discovering that your family did anything differently from other families you were exposed to because of your culture, religion, or ethnicity? Name something you remember that was different.

- Have you ever been with someone in a work situation who did something because of his or her culture, religion, or ethnicity that seemed unusual to you? What was it? Why did it seem unusual?

- Have you ever done anything that you think was culturally inappropriate when you have been in another country or with someone from a different culture? In other words, have you ever done something that you think might have been upsetting or embarrassing to another person? What was it? What did you do to try to improve the situation?

- Have you ever felt shocked, upset, or appalled by something that you saw when traveling in another part of the world. If so, what was it?

## Imagine

- If you could be from another culture or ethnic group, what culture would it be? Why?

- What is a value from that culture or ethnic group that attracts you to it?

- Is there anything about that culture or ethnic group that concerns or frightens you? What is it?

Material in *A Cultural Journey* adapted with permission from Lynch, E.W. (1992). *Developing cross-cultural competence.* In Lynch, E.W., & Hanson, M.J. (Eds.). *Developing cross-cultural competence: A guide for working with young children and their families* (pp 60-62). Baltimore: Paul H. Brookes Publishing Co., P.O. Box 10624, Baltimore, MD 21285-0624.

## Culture-Specific Awareness & Understanding

After you become familiar with your own culture and its effects on the ways in which you think and behave, the foundation for learning about *other* cultures has been laid. There are many ways to learn about other cultures:

- Reading about other cultures may be the best way to start. Books written by authors from the culture provide insights and perspectives that are not available through other sources. Biographies, history books, and fiction are all possible sources of information.
- Learn about other cultures through open discussion and sharing with members of another culture. These individuals may be able to highlight feelings, beliefs, and practices that may be unfamiliar. However, don't assume that because someone has certain physical characteristics that they'll identify themselves as being from another culture.
- Participating in the life of the community of diverse cultures is the third way to increase cross-cultural understanding. Celebrating holidays or getting involved in community projects, such as building a playground, are all ways in which people may increase their appreciation of different cultures.
- Learning the language of another culture is one of the strongest commitments to learning about and understanding that culture. Having a second language is also a highly valued skill in education.

Learning about cultures in general is important, but it may be more important to learn about the characteristics of the particular family you're working with because families differ in the degree to which they follow the beliefs and practices of people from their country of origin.

A rule of thumb is ***don't make assumptions about family concerns, priorities, and resources.*** Only the family is able to provide you with that information. If you're working with families, you may want to discuss these questions below with the teacher or service coordinator. Together, you may learn about the best ways to meet the needs of the family and the child with a disability. However, it's only appropriate to ask for information that is directly related to your role as an early interventionist:

- Who are the members of the family? Do they all live in the same household? Who are the key decision-makers?
- Who are the primary caregivers? Who else participates in caregiving? What are family member roles?
- What are the family feeding practices? What types of foods are eaten? Are there any taboos related to food preparation or handling?

- What is the family's perception of the child's disability? How does the family view their role in intervening with the child?
- From whom does the family seek help – family members or outside agencies or individuals?
- To what degree is the family proficient in English? To what degree is the home-visitor proficient in the family's native language?

Portions of *Culture-Specific Awareness & Understanding* from Wayman, K.I., Lynch, E.W., & Hanson, M.J. (1991). "Home-based early childhood services: Cultural sensitivity in a family systems approach." *Topics in early childhood special education, 10*(4), pp. 65-66. Copyright 1991 by PRO-ED, Inc. Adapted with permission.

## Cross-Cultural Communication

Communication, both verbal and nonverbal, is critical to cross-cultural competence. Sending messages and understanding messages that are being received are both important to effective interpersonal interactions. Because language and culture are interwoven, communicating with people from different cultural backgrounds is very complex, especially if the family and the interventionist don't speak the same language. However, speaking the same language doesn't guarantee communication. Individuals from other cultures may have different communication *styles*. Basic communication skills, both verbal and non-verbal, will help the paraprofessional work with diverse families.

Nonverbal behavior often speaks louder than words, and the same nonverbal behaviors often have very different meanings from one culture to another. A gesture or facial expression that is accepted as positive or complimentary in one culture may be viewed as negative or even obscene in another. For instance, some cultures may communicate informally with strangers by standing closely to one another, making direct eye contact, touching, and using gestures. Other cultures may value more formal interactions where direct eye contact with strangers may be considered shameful or disrespectful. No one can be expected to learn, know, and behave in ways that are considered culturally appropriate in every situation. It is, however, a sign of respect to observe families and alter your nonverbal communication to help them feel comfortable. Some forms of non-verbal communication are:

- Eye contact and facial expressions, such as smiling, frowning, or keeping a straight face while talking about the child.
- Physical closeness between speakers and touching while talking.
- Positions and postures (sitting, standing, hands on hips).
- Gestures (hand and arm movements, or nodding the head for *yes* or *no*).

Verbal communication between individuals who don't speak the same language can be very challenging. Sometimes, communication between paraprofessionals and family members takes place with the help of an interpreter. There are a number of guidelines for working with families through an interpreter:

- Learn names and forms of address (including a few greetings) in the family's primary language, using correct pronunciation.
- While interacting, address your remarks and questions directly to the family (not the interpreter); look at and listen to family members as they speak and observe their nonverbal communication.
- Speak clearly and somewhat more slowly, but not more loudly.
- Limit your remarks and questions to a few sentences between translations.
- Be patient and prepared for the additional time that will be required for careful interpretation.

Material in *Cross-Cultural Communication* adapted with permission from Lynch, E.W. (1992). "Developing cross-cultural competence." In Lynch, E.W., & Hanson, M.J. (Eds.). *Developing cross-cultural competence: A guide for working with young children and their families* (pp.51-52). Baltimore: Paul H. Brookes Publishing Co., P.O. Box 10624, Baltimore, MD 21285-0624.

## General Characteristics of Effective Cross-Cultural Communicators

In addition to the specific communicative behaviors discussed above, there are a few general characteristics of people who are effective cross-cultural communicators. Having these characteristics will help you improve in your performance as a paraprofessional because families, and professionals, will enjoy working with you. Effective communication helps build trust between individuals, and this will hopefully lead to better outcomes for children and families.

Communication is improved when the paraprofessional:

- Respects individuals from other cultures.
- Makes continued and sincere attempts to understand the world from other's points of view.
- Is open to new learning.
- Is flexible.
- Has a sense of humor.
- Tolerates uncertainty well.
- Approaches others with a *desire* to learn.

Material in *General Characteristics of Effective Cross-Cultural Communicators* adapted with permission from Lynch, E.W. (1992). "Developing cross-cultural competence." In Lynch, E.W., & Hanson, M.J. (Eds.). *Developing cross-cultural competence: A guide for working with young children and their families* (pp.51-52). Baltimore: Paul H. Brookes Publishing Co., P.O. Box 10624, Baltimore, MD 21285-0624.

## Section 3

# *Community Integration*

There are several benefits for integrating children in the first several years of life:

- Increases in positive social interaction have been shown for children in integrated settings.
- Increases in the amount of functional play have been shown in integrated settings.
- Increases in language development have been shown in integrated settings.
- Integrated programs provide opportunities for both parents and children with and without disabilities to gain positive information and knowledge about disabilities.
- Integrated programs maximize the possibility that people will recognize a child's strengths in some areas of development, and that similarities between children with and without disabilities will be highlighted.
- It's the right of every family and child to participate fully in the community. Integration helps protect these rights.

## Types of Integrated Settings

There are several ways to provide integrated learning opportunities for young children. Having special education or early intervention programs and early childhood programs in one building is one way of doing this. This arrangement makes it convenient for staff in early intervention programs to teach children with and without disabilities together for short periods of time. Working together may build staff and family confidence in the idea of integration, and staff from the two settings can observe and learn from one another. While providing services in the same building may open doors for children with special needs in that location, it's only a beginning step in opening more doors for young children.

### Reverse Mainstreaming

*Reverse mainstreaming* is the intentional inclusion of children without disabilities into special education classrooms or play groups. It's an attempt to combine the convenience of the staff and resources of the special education center with the benefits of education with same-age peers without disabilities. Early intervention staff and parents benefit by learning about the range of typical development and behavior for young children. This approach, however, may not be practical over time because it requires early intervention staff to do "double duty." This approach also doesn't address the need to help children with special needs enjoy and learn in typical environments.

### Community-Based Intervention

Rather than assigning one place to integrate young children, *community-based intervention* considers the many formal and informal settings in each child's neighborhood and community. It is tailored to the family's style, values, and schedules. Staff and program resources go out to children and families, rather than requiring families to come to special settings. In order to do this, staff members have flexible schedules and are responsive to changing opportunities and needs.

The following are some examples of practices which promote community integration:

- Inclusion in the home for children who may traditionally be hospitalized or institutionalized.
- Involvement in neighborhood activities such as using local playgrounds, going to grocery stores and malls, or playing with other children who live in the neighborhood
- Attending the school that the child would go to if he or she didn't have a disability.
- Providing support services so that families may use family day care, nursery schools, day care centers, or drop-off child care.
- Providing opportunities for children to enjoy the companionship of other children in home, neighborhood, and school settings.

Material in *Types of Integrated Settings* adapted with permission from Kjerland, L. (1990). "Community-based early intervention: Typical settings and resources for birth to five with special needs." In Trimbach, K., Abderholden, S., & Grykiewicz, K. *Early intervention: Building blocks for the future.* Minneapolis: ARC Minnesota.

## An Activity

Read each of the situations described below. Decide if the situations reflect community-based integration. If it doesn't, tell how the situation could be corrected.

- At a meeting with school officials, Judy's parents were told that the school didn't have an appropriate classroom for their daughter: she wouldn't be accepted into the school's programs because of her "bizarre behavior."

- After the Ortiz family gets up in the morning, Mrs. Ortiz takes her sons, Johnny and Manuel, to a day care center down the street. Johnny's friend, Anne, helps him to play with his friends at the day-care center by adapting chairs so that he can "sit up" at the table and use the play-dough. She also helps children figure out what Johnny's trying to say when they can't understand him.

- The school district in Sunnyvale has built a beautiful new school just for children with disabilities. The building has "wheelchair accessible" entrances, and all of the state-of-the-art equipment that teachers will need to teach children with special needs. Now they don't have to worry about changing the old schools because all of the kids with "special needs" will be coming to this school. The district even purchased some new school buses so that children who live farther away will be able to come to this school. Everyone feels very fortunate to have such nice facilities for the students.

## Section 4

# *Your Role in Community Integration*

Community integration can be a challenging job because it's difficult to know how *much* assistance the child will need. There are a few guidelines for figuring out how much assistance the paraprofessional will have to provide:

- Generally, the nature and amount of assistance will depend on the needs and abilities of the child and the confidence, time, and skills of the paraprofessional.
- Some children will need only monthly or weekly on-site observation and problem-solving in order to fully participate.
- A few children will require the presence of a paraprofessional to directly assist the child all the hours he or she's in an integrated setting. This may include help in getting around, self-care, behavior management, or help in communicating with other children.

- Neither too little nor too much assistance is appropriate.
- A rule of thumb is to facilitate natural interactions between peers rather than serve as a go-between. Limit physical closeness and encourage or show children to directly approach each other.
- Sometimes the best approach is to translate the sounds and actions of the child with special needs for peers. For example, "That's his way of saying, 'No, thanks'" or "I think she'd like to play with the blocks, too."
- Paraprofessionals should provide only the amount and type of assistance that is practical and comfortable for them to do. For example, other staff may be needed to provide for complicated medical procedures with children.

There are several strategies for promoting inclusive education in classroom settings where you provide one-to-one support for a child with a disability:

- Know and communicate why the student is in the class.
- Know and communicate why an additional adult is in the class.
- Facilitate interactions with classmates and classroom teacher.
- Empower the student to be an active participant.
- If the student requires assistance, do *with* instead of *for*.
- Include the student in conversations.
- Recognize and promote age-appropriate norms.
- Know and enforce classroom rules.
- Be a part of the class. Support all students.
- Support and reinforce the classroom teacher.

Material in *Your Role in Community Integration* adapted with permission from Vandercook, T., & York, J. (1989). "A team approach to program development and support." In York, J., Vandercook, T., Macdonald, C., & Wolff, S. (Eds.). *Strategies for full inclusion* (pp. 34-36). Minneapolis: University of Minnesota, Institute on Community Integration.

## Views of Inclusion

Paraprofessionals are also valued because they often live in the same community as the children and families they serve. In a sense, they are a "spokesperson" for inclusion, and help the people in their community to understand inclusion's benefits. In order to do this, paraprofessionals should be aware of their own feelings about inclusion, and should understand that people often have strong feelings about inclusion – both for and against.

Read each of the following statements and write down your reaction. Write down how you think the people in your community would react to the statement. What do you think you would say to them about the statement?

- Special education means plenty of specialized help at an early age to reduce or prevent later problems; there isn't any time or need for typical settings.

- Typical settings are helpful for older preschoolers with milder needs who will benefit from the socialization.

- Typical settings are helpful for preschoolers with moderate to severe needs because of the rich environments they provide which help all areas of development.

- All ages, including very young toddlers, benefit from several play interactions with typically developing peers because they make active playmates whose play focuses on the skills needed by children with special needs.

- Typical peers and typical settings are the right of all children needing early intervention. It's the responsibility of adults to provide children with education in typical environments, despite their characteristics.

- Which of these statements best reflects your current appreciation of typical settings?

# Summary

In today's society, the definition of family can be quite diverse. Paraprofessionals should be aware of the variety of family settings in our communities. This will assist with empowering, encouraging, and informing the family in the best way possible.

Paraprofessionals in the early intervention and early education programs are also faced with cross-cultural family issues. It's necessary to have the knowledge and skills to recognize and respond to the fact that families have different structures, perceptions, attitudes, language, and communication styles which are all related to a rich cultural background.

Children with disabilities have the right to be active members of our community. Early childhood programs can provide children with many of the skills needed to be active citizens.

Paraprofessionals are often key players in the full integration of children with disabilities. Paraprofessionals have the opportunity to advocate, integrate, and give direct support to these individuals. It's crucial for paraprofessionals to know the best and most effective methods to approach this role.

# Questions to Ponder

- How many different definitions of families can you formulate? How many families that you know match these definitions?
- Do you work in a cross-cultural setting? How do you communicate throughout the day?
- Does your work setting provide an integrated environment? If not, can you modify it in any way?
- What are some practices you use to promote community integration?

# Appendices

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## Appendix A

# The Americans with Disabilities Act and Child Care: Information for Providers

The Americans with Disabilities Act (ADA), passed in 1990, ensures that people with disabilities have access to all facets of life, including child care. It does this by requiring child care providers to accommodate the special needs of children with disabilities, whenever reasonable, in order to allow them to be full participants in the program, to the extent that is feasible.

### Who must comply?

- Child care programs, both family child care homes and child care centers, regardless of size and whether publicly funded or not, are considered "public accommodations" and must comply with Title III of the ADA.
- Child care programs operated by state or local governments, school districts, or park and recreation departments must comply with Title II of the ADA.
- Child care programs operated by religious organizations are not required to comply with Title III of the ADA, but they may need to comply with state anti-discrimination laws. You will need to check with your state Attorney General's office to find out more about any laws in your state protecting individuals with disabilities.

### What is expected of child care providers?

Child care providers should:

- Eliminate restrictive admission policies that single out children with disabilities and treat them differently or automatically deny them care;
- Access on an individual basis whether a particular child with a disability can be cared for in the program with reasonable accommodations; and
- Make reasonable accommodations so that children with disabilities can be included in child care programs.

## Who is protected?

The ADA is a federal civil rights law protecting persons with disabilities. The law protects children and adults who:

- Have a physical or mental impairment which substantially limits one or more of their major life activities, like walking, hearing, seeing, speaking, learning, etc.;
- Have a history of these type of impairments; or
- Are thought to have these impairments even if they really do not.

The law also protects persons who are associated with any of the individuals described above. Associated persons do not have to be relatives.

## What are some reasonable accommodations?

Reasonable accommodations can include:

- Modifying basic policies, practices, and procedures;
- Providing auxiliary aids and services (equipment and services which are necessary to ensure effective communication) to individuals with speech, hearing, and visual impairments; and/or
- Removing physical barriers under certain circumstances.

*The Americans with Disabilities Act and Child Care: Information for Providers* adapted with permission from the Child Care Law Center (1997). 973 Market Street, San Francisco, CA 94103, 415-495-5498.

# Appendix B
# *Model Learner Outcomes in Early Childhood Education*

## Social Outcomes: Birth to 9 Years

From birth to nine years, the child moves from no realization of a difference between self and others through a primary concern for self to a level of concern for others. The scope of social interactions moves from early bonding with a significant adult through experiencing self as a part of family to friendships and participation in the larger world. In relationships with others, the child grows in abilities to cooperate, serve as a resource, negotiate, lead and follow, and be a friend.

## Social Indicators From Birth to 15 Months

### Sense of Self as a Social Being

1 Differentiates self from another
2 Mirrors emotions of others
3 Imitates things the caregiver does

### Social Relations

1 Responds to or initiates games (e.g., "pat-a-cake," blowing bubbles, turn-taking games)
2 Can be comforted by familiar adult when distressed
3 Demonstrates an interest in adults and children
4 Relies on adults for physical and emotional support
5 Shows affection for familiar person

### Social Skills

1 Differentiates between familiar and unfamiliar people
2 Begins to adapt to stimulation of various people and places
3 Anticipates rituals and routines
4 Explores objects with another person as a basis for establishing personal relationships

## Social Indicators at 2.5 Years

### Sense of Self as a Social Being

1 Is increasingly aware of others as being distinct from self
2 Is aware of others' feelings
3 Imitates behavior of adults and peers

### Social Relations

1 Demonstrates interest in playing with other children
2 Enjoys participating in small group activities for short time
3 Labels some children as friends
4 Begins to realize others have rights and privileges
5 Enjoys adult attention and approval
6 Recognizes family members

### Social Skills

1 Increasingly able to adapt to different people and environment
2 Begins to express some emotions appropriately and with increasing control
3 Begins to assert self appropriately in some situations
4 May verbalize some feelings

## Social Indicators at 4.5 Years

### Sense of Self as a Social Being

1 Begins to have empathy for others
2 Demonstrates a sense of trust through:
  a seeking help and assistance
  b seeking emotional support from adults

### Social Relations

1 Begins to enjoy and function successfully as a group member
2 Develops close friendships
3 Begins to give and receive support from other children
4 Confides in adults
5 Is beginning to understand concepts of family and neighborhood

### Social Skills

1 Recognizes, understands, and labels some emotional states in others
2 Uses play to explore, practice, and understand social roles
3 Beginning to understand of others' rights and privileges, e.g., following rules, sharing, turn-taking,
4 Peer relationships developed by cooperating, helping, sharing, expressing interest
5 Begins to show acceptance of similarities and differences among people (e.g., gender, ethnicity, age, disability)

## Social Indicators at 6.5 Years

### Sense of Self as a Social Being

1 Begins to gain satisfaction from giving/doing things for others
2 Has a sense of self as a member of a group

### Social Relations

1 Begins to prefer associating with children more than adults
2 Begins to enjoy and function successfully as a group member
3 Develops close friendships
4 Begins to give and receive support from other children
5 Establishes friendly interactions with adults other than parents
6 Begins to understand concepts of family and neighborhood

### Social Skills

1 Begins to understand and respect that others may have a different point of view
2 Becomes aware of a variety of roles, careers, attitudes, and cultural values
3 Continues to expand social skills (e.g., cooperates, make use of rules, expresses interest in others)
4 Sustains friendships and expands circle of friends
5 Is beginning to find constructive ways for solving problems and conflicts without adult assistance:
    a apologizes or makes restitution
    b compromises
6 Begins to accept mistakes in self and others
7 Accepts and is sensitive to individual differences among people (e.g., gender, ethnicity, age, disability)
8 Begins to adjust behavior in accord with social expectations
9 Begins to make independent decisions about whom to trust
10 Begins to play/work cooperatively in small and large groups:
    a produces a product
    b works in assigned groups
    c works with self-selected groups
    d takes turns and shares
11 Appreciates, accepts, and interacts with people of all cultures
12 Tries out and tests relationships with friends and others

## Social Indicators at 9 Years

### Sense of Self as a Social Being

1 Is increasingly independent of adults
2 Is developing a sense of community with others

### Social Relations

1 Needs and enjoys caring adults who are present but not controlling

2 Wants to belong to groups, but groups remain flexible

3 Tends to select same-sex peers as friends

4 Develops longer-lasting peer relationships and friendships

5 Interacts with an expanding environment, including extended family, school community, neighborhood, and city

### Social Skills

1 Continues to develop an appreciation of others' worth and dignity

2 Continues to develop a sense of effective human relations (e.g., being a friend, accepting and valuing differences, empathy)

3 Acknowledges the multiple roles, contributions, and abilities of males and females

4 Continues to expand social skills (e.g., understands a need for rules and structure, suggests and negotiates rules)

5 Cooperates in pairs and groups through leading *and* following

6 Requires less direct supervision in all areas (e.g., home, learning, neighborhood)

7 Appreciates diversity among individuals' a) strengths/limitations, b) handicapping conditions, c) maturation, d) language variations, and e) cultural heritage

8 Is becoming aware of the importance of being a good sport

## Physical Outcomes: Birth to 9 Years

Through exploring and manipulating the environment, the helpless and dependent baby grows into a self-sufficient and competent child of nine. From being carried by another, through taking the first faltering steps, the child moves to coordinated mastery of physical movement. From random thrashing movements, through increasingly purposeful use of hands, to skillful, precise, and coordinated use of tools and technology, the child becomes a contributing member of the human family. Physical development enhances cognitive growth as real actions bring understanding to abstract concepts.

## Physical Indicators From Birth to 15 Months

### Gross Motor

1 Maintains midline head control

2 Rolls over

3 Crawls, creeps, or scoots

4 Moves to sitting position
5 Sits alone independently
6 Pulls to stand through half-kneel position
7 Crawls upstairs
8 Crawls downstairs backwards
9 Stands independently
10 Takes steps with support
11 Walks

**Fine Motor**

1 Reaches for object
2 Picks up object or food with palmar grasp
3 Independently releases objects
4 Transfers objects hand to hand
5 Reaches, grasps, and puts objects in mouth
6 Pushes, pulls, and throws objects away from self
7 Manages more than two small objects with hand/grasp
8 Isolates an index finger for poking or pushing small toy
9 Puts in and dumps out

## Physical Indicators at 2.5 Years

### Gross Motor

1 Walks backwards
2 Walks on uneven surfaces
3 Walks upstairs by placing both feet on step and using support
4 Climbs
5 Sits self in small chair from standing position
6 Rides small toy, pushing with feet on ground
7 Traps a large ball
8 Starts running
9 Moves to music

### Fine Motor

1 Uses palmar grasp when scribbling
2 Uses neat pincer grasp to finger-feed self
3 Drinks from open cup with moderate spillage
4 Uses spoon for self-feeding with some spillage
5 Pulls zipper down
6 Paints with whole arm movement, shifts hands, makes strokes

## Physical Indicators at 4.5 Years

### Gross Motor

1 Begins to develop control of body movement (e.g., hopping, jumping, balancing, bending, stretching, walking, running)
2 Continues to develop body strength and stamina in pulling, pushing, climbing, swinging, walking, running
3 Begins to develop body coordination (e.g., galloping, jumping, swinging, balancing, leaping, pedaling, swimming, dancing)
4 Continues to develop body flexibility (e.g., running, dancing, climbing, wiggling, stretching, crawling)
5 Continues to develop large muscle strength and coordination with large objects (e.g., throwing, bouncing, kicking, striking, pedaling, steering a vehicle, carrying, catching)
6 Begins to moves rhythmically to music
7 Begins to use equipment for physical development (e.g., slides, swings, jungle gyms, balls, bats, tricycles, sleds)

### Fine Motor

1 Developing small muscle control (e.g., threading, stacking, reaching, building, assembling, rolling, releasing, grasping, kneading, drawing, cutting, pasting)
2 Developing small muscle strength (e.g., pounding, kneading, pulling, using tools, rolling, squeezing, scrubbing, pumping)
3 Developing eye-hand coordination (e.g., assembling, lacing, using utensils, sewing, folding, tearing, tracing, dressing skills, cutting, painting, drawing, self-help skills, pressing buttons, pulling levers)

## Physical Indicators at 6.5 Years

### Gross Motor

1 Begins to coordinate multiple physical skills
  a walking and hopping together to become skipping
  b jumping and rope turning become jumping rope
  c grasping, swinging, and balance become batting
2 Begins to use physical skills in organized game activities
3 Continues to refine coordination of individual gross motor skills (e.g., throwing, catching, running)
4 While outside or in large open spaces, engages in playful activities that use a variety of physical skills (e.g., running, holding, balancing) which result in building strength, coordination, flexibility, and endurance
5 Is acquiring a conscious control of body and limbs and demonstrates many ways in which each body part can move

6 Organizes and uses body and objects to explore spatial concepts (e.g., over, under)
7 Spontaneously moves with smoothly integrated body actions
8 Knows and applies safety precautions
9 Takes pride in own movements and involvement
10 Begins to respond to a variety of rhythmic stimuli through body movements
11 Is able to appropriately use equipment for physical development (e.g., climbing bars, bicycles, balls, bats, skates, playground equipment)

## Cognitive Outcomes: Birth to 9 Years

The mind of the child is searching for meaning. This drive, or yearning to know, is the basis for intellectual development. As the child attaches meaning to perceived events and experiences, each new event is incorporated into the child's expanding image bank, providing for new approaches to tasks. The child moves from a reliance on concrete objects and firsthand experiences to an increasing ability to think more abstractly.

Through observing, listening, and making inferences related to life experiences, the child becomes capable of complex thinking. Curiosity motivates the child to solve problems, at first by trial and error and later through using strategies, resources, and techniques to test out hypothetical possibilities and find solutions The child learns to acquire, organize, and use information in increasingly complex ways.

## Cognitive Indicators From Birth to 15 Months

### Attention

1 Responds to own name
2 Responds to simple questions (e.g., "Where's kitty?")

### Curiosity

1 Inquires into the environment through manipulation and exploration

### Perception

1 Discriminates and adapts to sounds and visual stimulation in the outside world
2 Uses all five senses to gain information
3 Recognizes own image in the mirror
4 Perceives familiar objects after seeing only parts of them

### Memory

1 Recognizes caregiver by voice
2 Recognizes objects and people
3 Imitates play demonstrated by others
4 Anticipates from cues or sounds routine activities (e.g., feeding, diapering)

### Problem Solving

1 Explores objects (e.g., grasps, puts in mouth, rolls/stomps on)
2 Manipulates objects to discover effects (e.g., shaking, banging, dropping)
3 Positions self to reach and interact with environment
4 Protects self by placing hand up or turning away as an object comes close
5 Makes needs known through verbal and nonverbal cues

### Logical Thinking

1 Purposefully reaches and grasps objects
2 Purposefully performs an action on an object to see the effect
3 Imitates an action to see another person react
4 Begins to retain the memory of absent objects/persons/events
5 Recognizes the possibility of absent objects/persons to reappear

## Cognitive Indicators at 2.5 Years

### Attention

1 Has greater attention when touch and action are involved
2 Looks at story-book pictures with an adult
3 Returns to focus on something after being distracted
4 Attends when adult's attention is focused on child
5 Concentrates on activities of choice such as putting objects into a bottle
6 Attends to familiar songs, rhymes, and games
7 Matches similar objects

### Curiosity

1 Experiences self as an enthusiastic explorer of the environment
2 Experiences self as one who has some control over environment
3 Investigates and inquires about everything experienced
4 Finds most things experienced worth knowing about

### Perception

1 Continues to rely on five senses to gain information
2 Perceives rhythm in music and responds

3 Recognizes some colors

4 Recognizes miniatures as representatives of real, known objects

5 Assembles simple puzzles

6 Matches similar objects

**Memory**

1 Learns routines and expects them in the environment

2 Begins to recall and label recent events, perceptions, and relationships

3 Begins to have a sense of what is acceptable and unacceptable based on external controls

4 Responds to mention of absent objects or people

5 Retains commands long enough to respond

6 Repeats parts of songs or poems

**Problem Solving**

1 Uses locomotor skills to satisfy curiosity and to meet needs

2 Beginning to use language to solve problems:
  a makes needs known
  b responds to verbal directions
  c uses names of people and objects
  d questions through words or gestures

3 Initiates some self-care

**Logical Thinking**

1 Expects absent objects or persons to reappear in appropriate places or at appropriate times

2 Sees similarities and differences in concrete objects, events, and persons

3 Begins to understand how objects can be ordered and events can be sequenced

4 Is able to group objects on the basis of a single characteristic by labeling, matching, and sorti

## Cognitive Indicators at 4.5 Years

**Attention**

1 Is increasingly able to focus on the relevant task

2 Is beginning to screen out distractions

3 Persists for longer periods of time on child-initiated tasks

4 Focuses attention on adult-directed tasks for short time

5 Can reproduce simple constructions from a model or after a demonstration

6 Shows increased attention when manipulating objects

### Curiosity

1 Is eager to know and to do

2 Believes in self as a learner

3 Experiences self as having increasing control over environment

4 Finds excitement in discoveries

5 Is developing special interests

6 Continues to satisfy curiosity with exploration and manipulation

### Perception

1 Recognizes and may label likenesses and differences in shapes, patterns, and figures

2 Reproduces visual patterns

3 Recognizes and may label likenesses and differences in sounds

4 Reproduces auditory patterns (e.g., clapping, singing)

5 Begins to keep time to a rhythmic pattern

6 Begins to use a combination of perceptual cues in tasks requiring attention to features like color, shape, texture, or size

### Memory

1 Describes: labels animate/inanimate objects, events, processes

2 Gains increased ability to recall recent and past events, perceptions, relationships, labels

3 Begins to link past and present information

4 With assistance, is developing simple memory strategies

5 Is gaining skill in following directions

6 Remembers stories, poems, and songs

### Problem Solving

1 Seeks information by observing, asking questions of people, and exploring available materials

2 Practices to refine skills and gain mastery of tasks

3 Uses real-world experiences and physical items to solve problems:
  a measures through estimating using non-standard measures, (e.g., string, blocks)
  b notices patterns recurring in the environment
  c understands relationships between parts and whole
  d uses counting to determine how much is needed

4 Begins to recognize difference between real and imagined events

### Logical Thinking

1 Begins to organize information by:
  a classifying (e.g., grouping blocks by color or shape)
  b quantifying (e.g., compares amount of juice)
  c ordering (e.g., arranges blocks by size)
  d ranking (e.g., decides which is light, lighter, lightest)
  e sequencing (e.g., tells what happened first, second, third)

   f analyzing (e.g., looking at parts of a block structure)
   g synthesizing (e.g., putting a puzzle together)
   h seriating (e.g., biggest to smallest)

2 Can use one object to represent another object which is not present (e.g., block to represent truck)

3 Begins to understand symbols such as traffic signs, commercial logos, restroom signs

4 Relates information by making simple comparisons and generalizations and by forming simple cause/effect hypotheses

5 Reasons and solves problems through inferring, concluding, beginning hypothesis testing, creative thinking, inventing

## Cognitive Indicators at 6.5 Years

### Attention

1 Attends to relevant variable for longer periods

2 Beginning to attend to auditory and visual stimuli while still dependent upon tactile sense

3 Maintains attention through use of additional sensory perceptions in addition to touch

### Curiosity

1 Likes to learn

2 Feels competent as a learner

3 Sees self as a contributing member of a learning community

4 Is eager to understand, see relationships, and find meaning in an expanding environment

5 Continues to identify special interests (e.g., hobbies)

### Perception

1 Continues to use the five senses separately and in combination to gather data and make finer discriminations
   a uses visual, auditory, tactile/kinesthetic, taste, and smell to perceive properties, characteristics, and attitudes
   b creates patterns and sees relationships in the living and nonliving environments

2 Relies on the way of learning, or sensory modality, which is currently dominant

3 Practices using less dominant modalities of seeing, hearing, handling, tasting, or smelling

4 Begins to develop perceptual discrimination in using symbolic systems (e.g., numeric, alphabetic, musical, graphic, spatial)

### Memory

1 Remembers information, events, and experiences

2 Links past and present information

3 Develops memory strategies (e.g., rhymes, lists, cues)
4 Tells a coherent story, placing events in correct order

**Problem Solving**

1 Solves everyday problems through
  a measuring, using simple, non-standard units
  b seeing relationships: part/whole, hazard/safeguard
  c using tools to repair, cook, clean, record information
  d exploring possibilities by role playing
2 Begins to identify appropriate resources to solve problems
  a books, magazines, television
  b adults and other children
  c museums, libraries, zoos, stores, offices
3 Tries out unusual and/or multiple solutions
4 Continuing to recognize differences between real and imagined experiences

**Logical Thinking**

1 Begins to move from graphic representation to symbolic (e.g., picture of truck to word "truck")

## Cognitive Indicators at 9 Years

**Perception-Continued**

1 Attaches meaning to new experiences from an existing range of store perceptions
2 Creates and integrates patterns and relationships in the living and non-living environments

**Memory**

1 Uses memory strategies (e.g., rules, sayings, or mnemonic devices)
2 Uses recall as a basis for abstract thinking
  a predicts future events
  b imagines what could be
  c synthesizes past experiences
3 Applies recalled information and experiences to
  a develop imaginative play
  b attach meaning to new experiences
  c formulate needed rules

**Problem Solving**

1 Uses techniques to solve problems (e.g., graphing, outlining, brainstorming, mapping, webbing, organizing data)

2 Uses resources to solve problems:
  a knows where to find relevant resources
  b knows how to use resources
  c knows how to use available technology

3 Uses strategies to problem solve
  a applies knowledge from past experience to new problems
  b imagines hypothetical possibilities
  c compares several possible solutions

4 Evaluates quality of own and others' work, ideas, and opinions

**Logical Thinking**

1 Is becoming a problem solver
  a identifying problems
  b considering possible causes
  c locating resources to solve problems
  d testing solutions

2 Is becoming a critical thinker
  a comparing and contrasting ideas
  b analyzing concepts
  c synthesizing ideas
  d relating parts to whole

3 Is becoming a scientific thinker
  a observing
  b recording data
  c predicting outcomes
  d experimenting
  e drawing conclusions

4 Is becoming an abstract thinker
  a solving problems without concrete materials
  b relating past, present, and future

# Appendix C

# *The Individualized Education Plan*

**IEP Meeting Date:** ____________
**IEP Written Date:** ____________
**Last Assessment Summary Report Date:** ____________
**Progress Report Frequency:** ____________

# INDIVIDUALIZED EDUCATION PROGRAM (IEP)

## A. STUDENT INFORMATION

| | | | | |
|---|---|---|---|---|
| Student's Name | Sex<br>M F | Grade | Birthdate | ID Number |
| Street Address<br>City, State, Zip | | | Native Language/Primary Communication Mode | |
| School of Enrollment | School Telephone<br>( ) | | Providing District Number | |
| Student's Permanent Resident Address (if different) | | | Resident District Number | |

## B. PARENT/GUARDIAN INFORMATION

| | | | |
|---|---|---|---|
| Parent(s)' Name(s) | Home Telephone<br>( ) | Daytime Telephone<br>( ) | School District Number |
| Parent's Address (if different) | | Native Language/Primary Communication Mode | |
| Guardian(s)/Surrogate Parent(s) Name(s) | | ☐ Guardian(s) | ☐ Surrogate Parent(s) |
| Guardian(s)/Surrogate Parent(s) Address (if different) | | Home Telephone<br>( ) | Daytime Telephone<br>( ) |

## C. IEP INFORMATION

| | | | |
|---|---|---|---|
| IEP Manager Name & Title | Telephone Number<br>( ) | Type of IEP:<br>☐ Initial ☐ Annual ☐ Interim | |
| Primary Disability | State Code | Secondary Disability(ies) | State Code(s) |

## D. IEP TEAM MEETING

| Title | Names of All Team Members | Indicate Attendance |
|---|---|---|
| Parent | | ☐ Yes ☐ No |
| Parent | | ☐ Yes ☐ No |
| Student | | ☐ Yes ☐ No |
| School District Representative | | ☐ Yes ☐ No |
| Special Education Teacher | | ☐ Yes ☐ No |
| General Education Teacher (K-12 Only) | | ☐ Yes ☐ No |
| | | ☐ Yes ☐ No |
| | | ☐ Yes ☐ No |
| | | ☐ Yes ☐ No |
| | | ☐ Yes ☐ No |

*A copy is sent to the student's resident district when the student is not a resident of the providing district.*

Copies: Due Process File, IEP Manager, Parent

This form is available in several languages, Braille, or other format. Contact the director of special education.

## E.1 PROGRAM PLANNING

***Following initial assessment or a reassessment, the Assessment Summary Report may be attached to the IEP.***

How the student's disability affects his/her involvement and progress in the K-12 **general curriculum**:
(for students using Braille, includes how Braille will be implemented through integration with other classroom activities)
For **preschool** children or students age **18 – 22**, how the disability affects participation in **appropriate activities**:

### Summary of Strengths and Concerns (Optional)

Student's **strengths**:

**Educational concerns** of parent(s) and student:

For students by grade nine or age 14 or older, how the student's **interests** and **preferences** were **considered** and **included** if the student did not attend this IEP meeting:

Page of Student's Name: ____________________

**E.2** **PROGRAM PLANNING**

**Performance Areas**

- ☐ Intellectual/Cognitive Functioning
- ☐ Academic Performance
- ☐ Functional Skills
- ☐ Communication
- ☐ Motor Skills
- ☐ Emotional, Social, and Behavioral Development
- ☐ Sensory
- ☐ Health/Physical

***For students by grade nine or age 14 or older, use section E.3 (Transition Program Planning).***

*Following the initial assessment or a reassessment, the Assessment Summary Report may be attached to the IEP.*

**Present Level(s) of Educational Performance:**

**Student-based Needs:**

**Annual Goal:**
___ of ___ Goals

**Short Term Objectives or Benchmarks:**

**Progress Notes:**

**Annual Goal:**
___ of ___ Goals

**Short Term Objectives or Benchmarks:**

**Progress Notes:**

Page of Student's Name: ______________________

**E.3** TRANSITION PROGRAM PLANNING

**Transition Areas**
*(All areas must be addressed.)*

☐ Employment
☐ Post-Secondary Education & Training
☐ Community Participation
☐ Recreation/Leisure
☐ Home Living/Daily Living

***Following the initial assessment or a reassessment, the Assessment Summary Report may be attached to the IEP.***

**Future Outcome/Goal:**

**Present Levels of Performance:**

**Student-based Needs:** *(for instruction, experiences, and related services)* ***If no need, provide rationale.***

**Activities Planned to Meet Future Outcome/Goal:** *(school courses/standards; home, community, and work experiences; and/or related services)* ***Identify who is accountable for each activity.***

**Annual Goal:**
___of ___ Goals

**Short Term Objectives or Benchmarks:**

**Progress Notes:**

**Annual Goal:**
___of ___ Goals

**Short Term Objectives or Benchmarks:**

**Progress Notes:**

Page of Student's Name: ____________________

| E.4 | PROFILES OF LEARNING |
|---|---|

See documentation attached to this IEP.

| F. | ADAPTATIONS IN GENERAL AND SPECIAL EDUCATION |
|---|---|

F.1 **Adaptations** and the duration of these adaptations, including supplemental aids and services to be used in general and special education that will be made available **to the student** (e.g., grading, staff, transportation, facilities, materials, equipment, assistive technology devices and services, curriculum, methods, coordination of support services, vocational services and equipment, limited English proficiency services, school discipline policy, paraprofessional services, and other services):

F.2 Program modifications or supports for **school personnel** that will be provided to meet the student's identified needs:

| G. | RIGHTS AT AGE OF MAJORITY |
|---|---|

*Address **only** in IEPs for students who will reach age 17 during the tenure of this IEP.*

☐ The student, upon reaching age 17, has been informed of the rights which will transfer to him/her upon reaching the age of majority (18), unless legal guardian or conservator has been appointed.

Student's Signature: ____________________ Date: __________

Page of Student's Name: ______________________

## H.1 MINNESOTA STATEWIDE TESTING

***Address only in IEPs developed for grades 3, 5, 8, 10+.*** Grade level to be covered: ________

*(Check the appropriate box.)*

A. ☐ If applicable, the team plans for the following **accommodations** for test administration: (Test **modifications** are not allowed for Statewide Testing.)

B. ☐ Student is **exempt**. The alternate assessment will be used.

1. Rationale for exemption:

## H.2 BASIC STANDARDS TESTING

***Address only in the IEP for grade 8 or above.***

Prior to Basic Standards Testing, the team determined the following standards for this student:

**Accommodations** if appropriate or if needed:

**Modifications** if appropriate or if needed:

If **exempt**, the reason:

If **exempt**, the alternate assessment(s) to be used:

*Check the appropriate box to indicate the level the student will attempt for testing:*

| | State | Individual * | Exempt ** | Passed |
|---|---|---|---|---|
| Reading: | | | | |
| Math: | | | | |
| Writing: | | | | |

* If the modification is to alter the district's passing level, **test score expected** to be achieved is entered.

** If the student is **exempt**, the goals on the IEP will be the criteria for awarding the diploma.

Page of Student's Name: ______________________

## I. SPECIAL EDUCATION AND RELATED SERVICES TO MEET GOALS AND OBJECTIVES

| Instruction or Service Provided | Location | | Anticipated Frequency | Total Minutes Per Week | | Service | |
|---|---|---|---|---|---|---|---|
| | General Education | Special Education | | Indirect | Direct | Start Date | Anticipated Duration |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

## J. EXTENDED SCHOOL YEAR

I.3 Are **extended school year services** required for this student? ☐ Yes ☐ No

**If yes**, reasons are described here or attached.

## K. INTERAGENCY SERVICES

| Agency Name | Interagency/Organization Linkages *(Identify services, funding, responsibilities, etc.)* |
|---|---|
| | |
| | |
| | |

## L. ALTERED SCHOOL DAY

Has this student's day been altered? ☐ Yes ☐ No **If yes**, reasons are described here or attached.

Page of Student's Name: ______________________________

## M. PLACEMENT DETERMINATION: LEAST RESTRICTIVE ENVIRONMENT (LRE)

### M.1 Activities With Students Without Disabilities

*Check the appropriate box(es).*

If in K-12, activities in which the student will be participating with students who do not have disabilities:

☐ **All** the following activities

☐ Core Subject Areas : ______________________________

☐ Art
☐ Music
☐ Library
☐ Physical Education
☐ Assemblies
☐ Lunch
☐ School to Work
☐ Recess
☐ Field Trips

☐ Extracurricular Activities: ______________________________

☐ Other: ______________________________

### M.2 LRE Justification

**Other options** considered and why rejected, and **why** this student's disability requires service(s) in this setting:

### M.3 Federal Child Count Setting

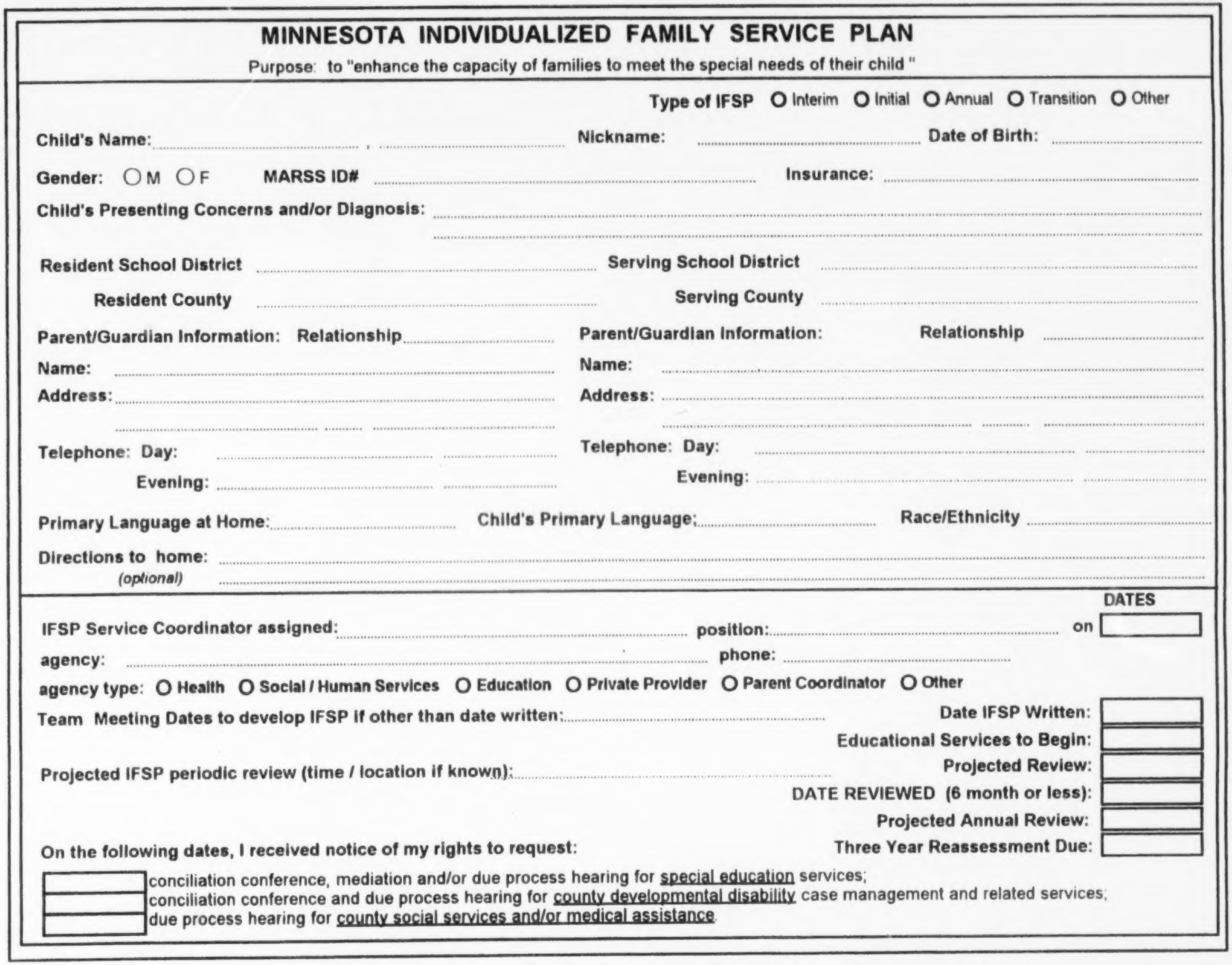
*Check the appropriate box:*

| K – 12 + | | Setting | | ECSE Age 3 to Kindergarten Entrance |
|---|---|---|---|---|
| General Education (In special education less than 21%) | → | ☐ I. | ← | Early Childhood Setting or Homebased |
| Resource Room (21 to 60%) | → | ☐ II. | ← | Parttime EC Setting or Home and ECSE or Reverse Mainstreaming or Itinerant Services |
| Separate Class (more than 60%) | → | ☐ III. | ← | ECSE Classroom |
| Public Separate Day School | → | ☐ IV. | ← | Public Separate Day School |
| Private Separate Day School | → | ☐ V. | ← | Private Separate Day School |
| Public Residential | → | ☐ VI. | ← | Public Residential |
| Private Residential | → | ☐ VII. | <– | Private Residential |
| Homebased/Homebound/Hospital | → | ☐ VIII. | ← | Homebound/Hospital |

***Note: Provide Notice of Proposed Special Education Services***

## Appendix D

# *The Individualized Family Service Plan Form*



**MINNESOTA INDIVIDUALIZED FAMILY SERVICE PLAN**

Purpose: to "enhance the capacity of families to meet the special needs of their child "

**Type of IFSP** ○ Interim ○ Initial ○ Annual ○ Transition ○ Other

**Child's Name:** ____________ , ____________ **Nickname:** ____________ **Date of Birth:** ____________

**Gender:** ○ M ○ F **MARSS ID#** ____________ **Insurance:** ____________

**Child's Presenting Concerns and/or Diagnosis:** ____________

**Resident School District** ____________ **Serving School District** ____________

**Resident County** ____________ **Serving County** ____________

| | |
|---|---|
| **Parent/Guardian Information: Relationship** ____________ | **Parent/Guardian Information: Relationship** ____________ |
| **Name:** ____________ | **Name:** ____________ |
| **Address:** ____________ | **Address:** ____________ |
| **Telephone: Day:** ____________ | **Telephone: Day:** ____________ |
| **Evening:** ____________ | **Evening:** ____________ |

**Primary Language at Home:** ____________ **Child's Primary Language:** ____________ **Race/Ethnicity** ____________

**Directions to home:** ____________
*(optional)*

**IFSP Service Coordinator assigned:** ____________ **position:** ____________ **on** ☐ (**DATES**)

**agency:** ____________ **phone:** ____________

**agency type:** ○ Health ○ Social / Human Services ○ Education ○ Private Provider ○ Parent Coordinator ○ Other

**Team Meeting Dates to develop IFSP if other than date written:** ____________

**Projected IFSP periodic review (time / location if known):** ____________

| | |
|---|---|
| **Date IFSP Written:** | ☐ |
| **Educational Services to Begin:** | ☐ |
| **Projected Review:** | ☐ |
| **DATE REVIEWED (6 month or less):** | ☐ |
| **Projected Annual Review:** | ☐ |
| **Three Year Reassessment Due:** | ☐ |

**On the following dates, I received notice of my rights to request:**

☐ conciliation conference, mediation and/or due process hearing for special education services;
☐ conciliation conference and due process hearing for county developmental disability case management and related services;
☐ due process hearing for county social services and/or medical assistance.

*Individualized Family Service Plan* from State of Minnesota; Department of Children, Families, and Learning, Department of Health, and Department of Human Services. *Guidebook for Minnesota's Individual Family Service Plan (IFSP).* (1995). St. Paul, MN: Author.

Child's Name:

**Family Considerations and Concerns for the Individualized Family Service Plan**

1. **Please describe how you see your child. Tell what you most like, any concerns or needs. (Please use the back or additional paper if desired.)**

2. **Which of the following do you or other family members feel are important concerns or areas about which you would like more information?**

**for your child**

☐ getting around
☐ communicating
☐ learning
☐ eating, nutrition
☐ sleeping
☐ toilet learning
☐ having fun w/other children
☐ challenging behaviors/emotions
☐ equipment or supplies
☐ health or dental care
☐ pain or discomfort
☐ vision
☐ hearing
☐ other

**for your family**

☐ meeting other families whose child has similar needs
☐ planning/expectations for future
☐ finding a support group
☐ information/ideas for brothers, sisters, friends, relatives, others
☐ finding or working with doctors/other specialists
☐ coordinating child's medical care
☐ coordinating/making appointments,dealing with agencies
☐ learning about different services and how they work
☐ information about available resources
☐ information about specific special needs
☐ explaining professional terms/roles
☐ help with transportation (to school, appointments, or vehicle adaptation)
☐ finding child care
☐ people who help in your home/care for your child so you can have a break
☐ assistance with housing, clothing, jobs, food, telephone
☐ assistance in obtaining funds for extra cost of child's special needs

☐ help with insurance
☐ information about recreational opportunities
☐ interpreter -- language: ..................................
☐ other

**notes**

3. **What type of help would you want for your child and family in the months or year ahead?**

4. **What else do you think would be helpful for others to know about your child? ...about your family?**

Child's Name:

**MEETING PLAN** After reviewing Family Considerations, the family and facilitator determine what to discuss at the IFSP team meeting. (List the topics, questions and information to share; decide what sequence to follow, and estimate time needed.)

GENERAL NOTES

**People to consider for team members who will be helpful or supportive to the child and family outcomes/issues/tasks.**

**Family/Community:**
- * parents
- other family members, relatives, friends
- community, civic, disability or parent group representatives
- respite care providers
- child care providers
- advocates
- legal representatives
- ministers, other support personnel
- other: ____________________

**Social Services:**
- developmental disabilities case worker
- income maintenance/economic assistance worker
- mental health professional
- child welfare worker
- social worker
- other private providers

**Health Care:**
- primary physician
- other physicians
- private home health care provider
- primary nurse
- other hospital staff

**Health Care : (continued)**
- public health nurse
- community health service provider
- habilitation providers (private therapy)
- MCSHN staff
- mental health providers
- personal care attendants
- other: ____________________

**Education:**
- * School District representative
- * Early Childhood Special Education teacher/staff
- school nurse
- Early Childhood Family Education teacher/staff
- Head Start teacher/staff
- Community Education staff
- early childhood program staff (eg: nursery school, child care)
- kindergarten-regular/special educators, related service providers
- occupational therapist
- physical therapist
- speech therapist
- other ____________________

* must attend to meet Educational requirements

note: If there is an overriding medical condition, a health professional must attend

**SCHEDULING IFSP MEETINGS**

*Settings and times convenient to family*

Child's Name:

**TEAM & SUMMARY**

## A. IFSP Team Membership

Although team membership may change, the initial team is determined **BEFORE** the IFSP meeting.

## B. IFSP Service Summary

If a Team Member provides service, summarize the service information.
This section should be filled out at the **END** of the meeting.

| Name / Position / Agency / Address / Phone / Availability | Attend? | Service / Location / Amt / Frequency | Min/Wk ** Dir | Ind | Start Date | Duration |
|---|---|---|---|---|---|---|
| | ☐ Y<br>☐ N | | | | | |
| | | payment arrangements:<br>authorized signature: | | | | |
| | ☐ Y<br>☐ N | | | | | |
| | | payment arrangements:<br>authorized signature: | | | | |
| | ☐ Y<br>☐ N | | | | | |
| | | payment arrangements:<br>authorized signature: | | | | |
| | ☐ Y<br>☐ N | | | | | |
| | | payment arrangements:<br>authorized signature: | | | | |
| | ☐ Y<br>☐ N | | | | | |
| | | payment arrangements:<br>authorized signature: | | | | |
| | ☐ Y<br>☐ N | | | | | |
| | | payment arrangements:<br>authorized signature: | | | | |
| | ☐ Y<br>☐ N | | | | | |
| | | payment arrangements:<br>authorized signature: | | | | |

** Minutes per week is a requirement used for administrative reporting, and does NOT reflect scheduling

Child's Name:

**DESCRIPTION-- 1**

**Team Description of** .................... **on** ....................
(today's date)

Date of Birth:

This is a description of the child as a whole, written at the IFSP meeting. It is a summary statement easily understood by all team members. Include ALL team members' descriptions of the child through observation and assessment. Describe all aspects of the child using the suggested categories indicated at the bottom of the page. (There **MUST** be a statement for each of the areas in **bold** print.) Think of the child in the context of daily routines and settings. Be sure to list the child's strengths as well as problems.

**ATTACHMENTS:** ☐ Assessment Summary Report ☐ Care Plans (Health) ☐ Other: ..............................

| Description of Child | Child's Needs |
|---|---|
| | |

**Current health and medical status**
**Social/emotional/behavioral development**
**Physical/motoric development**
Environmental (basic needs)

**Basic senses including hearing and vision**
**Adaptive development**
Academic performance (when appropriate)
Legal representation

**Communication**
**Cognitive development**
Self help skills
Community access/use

## ACTION PLANS for the Child / Family / Team

| Date | Activity or Desired Change | People who can help | Notes |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**TRANSITION PLANNING CHECKLIST**

☐ Discussed transition with families.
☐ Obtained parental consent.
☐ Notified child study team of transition.
☐ Convened transition conference.
☐ Reviewed child's program options from 3rd birthday to end of school year.
☐ This IFSP includes one or more Transition Outcomes.

Child's Name:

**OUTCOME #**____

**Where do we want to be?** *(Major Outcome or Goal)*

**Periodic Review Date:** ..........................

**Please provide a description of the degree of progress written in the same format as the objective. You should also indicate whether to continue (C), modify/revise (M) or discontinue (D) the objective.**

**What steps do we need to take?** *(Objectives or Subgoals.)*
*Include criteria, procedures, and timelines used to determine progress.*

**Service and**
**Person Responsible**

**Steps the county will take to develop service if unavailable.**

Child's Name: **OTHER DATA**

**THE IFSP TEAM ASSURES IT CONSIDERED ALL SETTING OPTIONS AND HAS SELECTED THE LEAST RESTRICTIVE.** ☐ **Yes** ☐ **No**

**Check ALL settings where services will be provided.**

☐ CHILD'S HOME
☐ OTHER FAMILY LOCATION
☐ FAMILY DAY CARE
☐ COMMUNITY BASED PROGRAM
☐ ECFE
☐ CHILD CARE PROGRAM
☐ EARLY CHILDHOOD PROGRAM
☐ HEADSTART
☐ SCHOOL DISTRICT ECSE CLASSROOM

**Federal Child Count Setting #:** ..................

**If School District Special Education classroom is selected, give rationale.**

**What can we do to help this child access all places? Specific places?**

**When you sign this form, it means that you have read or have had this Individualized Family Service Plan read to you. Signing this document means you agree with the goals and services for your family and child as written in this plan. It is important that you know you have the right not to sign this plan if you do not agree with it in its entirety.** (note: Education must use Notice of Special Education Services.)

..................................................
signature(s) / relationship

..................................................
signature(s) / relationship

***If this document becomes inactive prior to its annual review date, please provide the Document End Date:*** .................. ***Reason:*** ..................

## INITIAL IFSP ONLY

**DATES**

**Referral: by:** .................. **to:** .................. ☐
**reason:** ..................
**Assignment of Facilitator: name:** .................. **position:** .................. ☐
**agency:** .................. **address:** .................. **phone:** ..................
**Initial Family / Facilitator Collaboration: location:** .................. ☐
**persons present:** ..................
**Age At Eligibility Determination : (Years and Months)** .................. **Initial IFSP Written:** ☐

**Basis Of Eligibility** ☐ Medical Diagnosis plus Need for Special Education ☐ Overall Delay plus Need for Special Education
☐ Motor Delay plus Need for Special Education ☐ Meets Categorical Criteria for ..................

Child's Name:

**CALENDAR (Optional)**

## Summary of Child /Family /Provider Activities:

To help look at the whole picture, organize, or cross check responsibilities and schedules, etc

☐ Sample Day ☐ Sample Week ☐ Sample Month ☐ Other

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

***THIS PAGE MUST BE COMPLETED FOR PUPILS AGES 3 AND OLDER:***

**Is there an Interagency Agreement in place for pupils 3 and over?** ☐ Y ☐ N

**Are Extended School Year services required?** ☐ Y ☐ N
**If yes, attach the statement per MR 3525.2900 Subpart 1G.**

**Has this pupil's school day been altered?** ☐ Y ☐ N
**If yes, describe the need as per MR 3525.2900 Subpart 3E.**

**Can the pupil follow the district and building discipline policy?** ☐ Y ☐ N
**If no, describe (or attach) the changes or accommodations that will be made to these policies.**

**Is a conditional behavioral intervention procedure needed?** ☐ Y ☐ N
**If yes, attach description in accordance with MR 3525.2900 Subpart 3G and 5A(1).**

**For pupils over the age of 3, who are served in Federal setting II through VIII (as indicated on the data page), describe the opportunities and activities to interact with peers not receiving special services and how these interactions will be facilitated.**

**Describe changes that will be made, including supplemental aids and services that will be used in general and special education , to permit successful education of the pupil. (e.g. grading, credits, staff, transportation, facilities, materials, equipment, technology, adaptive devices, techniques or methods, curriculum, coordination of support services, vocational services and equipment, etc.)**

**PRIMARY DISABILITY:** ........................................ **CODE** ..............

# Appendix E
# *Articles on Behavior Management*

## Encouragement

*Sharon Hendrickson-Pfeil, M.S., M.A., CCC*

Giving encouragement is a vital part of child rearing. Your encouragement tells your child that you believe the child is a capable person, someone who can learn to make good choices.

Children who feel good about themselves keep working until they master new skills. They enjoy taking on new responsibilities. They expect to succeed.

Children who are discouraged about their own abilities often turn to inappropriate, destructive behaviors. They become "good at being bad" to get attention by misbehaving. Or they just give up.

### How are encouragement and praise different?

Real encouragement helps your child become self-sufficient, while praise can backfire and actually be discouraging Praise evaluates the child or the child's work as "good" or "bad." Encouragement separates the deed from the doer. Most of us use both, especially with very young children. But the more real encouragement you give, the stronger your child will be as an independent learner. Some examples include the following:

*Encouragement*

- You're learning!
- That looks like fun!
- You got it!
- Now you know how!
- You can do it!
- Thank you!
- You kept on trying and you learned how!
- You really thought about it that time!
- You're really paying attention!
- You're learning!
- You're really listening!
- You're really sharing!
- You're really taking your time!

*Praise*

- Good boy! *or* Good girl! (The child may wonder, "If I mess up am I still OK?")
- I'm proud of you. (The child may wonder, "What if I can't do it right or I forget next time?")

**How do we discourage children?**

Avoid outright discouragement at all costs. This teaches the child it's useless to learn or to try to take on new responsibilities. It also destroys trust in adults. But we often discourage children without realizing that we are doing so. Here are some examples:

- No – not like that!
- Didn't you listen?
- You *never* pay attention!
- You never take your time!
- You never listen!
- Your brother never behaves like this!
- Your sister already knows how.
- Why can't you be like…?

**How can I teach my child to correct mistakes?**

The aim of correction is to change behaviors in an encouraging, constructive way. Start by assuming your child's mistake was not deliberate. By taking a positive approach, you help your child learn new behaviors. Some words that help with correction are:

- Oh-oh!
- Take your time. You'll get it.
- Let's try it again.
- Let's try this.
- Let's try another way.
- Let's try a new way.
- Let's practice remembering that.
- Watch me again.

**What are some other ways to encourage my child?**

- Help your child feel worthwhile by spending quality time together.
- Look at drawings, block creations, and school work together.
- Don't judge – just *share.*
- Buy or make educational toys. If your budget is tight, explore resale shops – they often have a good selection of children's toys. Ask your child's therapist or teacher for ideas about appropriate items for your child. Give a few toys at a time – most children, especially those with disabilities, are overwhelmed by too many items at one time.
- If your child is in school, set a regular time for homework. Provide a quiet, well-lit area and perhaps a snack.
- Really *listen* to your child. Give your full attention when your child shares experiences. Make sure to show your appreciation. Celebrate successes, but don't judge failures.
- Let your child see how you learn.

### Summary

Encouragement means being there for your child and recognizing the child as an independent human being who will learn if given the chance. If your child is sure of your caring, confidence, and respect, the child will develop self-esteem and will be stronger in all areas of learning.

*Encouragement* is taken from Hendrickson-Pfeil, S. (1990). *Parent articles for early intervention.* Tuscon: Communication Skill Builders. Copyright 1990 by Communication Skill Builders. Reprinted with permission.

## Natural and Logical Consequences

*Sharon Hendrickson-Pfeil, M.S., M.A., CCC*

Every decision has a consequence. You can use consequences to help your child learn to make responsible choices and to develop mature behavior. Consequences can be *natural* – arising from behavior without your intervention – or *logical* – planned and applied by you.

A child who loses popcorn money for school will miss the treat. This is a natural consequence; you've done nothing to bring it about. Logical consequences also directly relate to the child's behavior. But they are planned, to help children reduce specific misbehaviors.

In working on a problem behavior, you may choose to stand back and let your child face the natural consequences of the behavior. Or you may explain some logical consequences to your child, then let the child select one and experience it.

### Are logical consequences different from punishment?

Natural and logical consequences both teach that the child has the power to solve problems. This sense of personal capability helps develop a sense of responsibility. Providing natural and logical consequences show you trust your child to work out solutions.

Punishment teaches that only adults have power, so only adults are truly responsible. It usually does not teach why responsible behavior is important because the punishment is often not related to the behavior.

Logical consequences, if well planned and presented, encourage and strengthen the child. Punishment only damages the child's self-esteem. Here are some of the important differences between punishment and logical consequences.

*Punishment*

- Makes the child the object of your anger, which may be expressed directly or indirectly
- Focuses on guilt
- Is not necessarily related to the misbehavior.

*Logical Consequences*

- Avoid anger and power struggles. The child is not judged or scolded.
- Focuses on problem-solving
- Always relate directly to the misbehavior.

**How do I select the right logical consequence?**

Logical consequences should be as close to natural ones as possible. Here are some examples of appropriate logical consequences.

- **Behavior:** Child throws food on the floor.
- **State logical consequence:** "If you throw your food, it will be all gone. Then there won't be any more until lunch time."
- **Action:** If child continues throwing food, let child experience the natural consequence of an empty plate. Assure child that you will fix a good lunch later.

- **Behavior** Child, age 1½ years, is fascinated by electric outlets. Child repeatedly tries to poke finger into one.
- **Demonstrate logical consequence:** Give warning – "That's a no-no" – then set child in playpen.
- **Action:** Each time child approaches the outlet, leave child in playpen a little longer. Child soon learns that approaching the electric outlet is choosing to be taken to playpen.

- **Behavior** Child plays roughly and noisily in front of the TV while you are watching a program.
- **State logical consequence:** "We're watching the TV. You can play quietly with a book or your doll or you can play in the other room. You decide."
- **Action:** If child doesn't settle down, say "I see you'd rather play in the other room. Come back and sit down with us when you're ready." Then follow through; guide child into the other room if necessary. If child continues to test you, simply say: "I see you're still not ready to play quietly. You've decided to stay in the other room. You can decide where you want to play again tomorrow night." Don't scold or explain further. Gently but firmly show that no more play in the living room will be permitted tonight.

- **Behavior:** Child has difficulty playing with other preschoolers and frequently hits them and grabs their toys.
- **State logical consequence:** In a firm, friendly voice, give child a choice. Child can play nicely, or sit alone for some "time out," until ready to play without hitting or grabbing.
- **Action:** Assure child that there will be another chance soon, then put child in time-out area. Don't scold, apologize, or explain that this avoids conflict, and you may not become the target of pleading or tears. If child leaves the time-out area to test the consequence, return child gently but firmly. Don't repeat explanations or make eye contact, which the child may find rewarding.

Some problem behaviors may be approached in one of several ways:

- **Behavior:** Your three-year-old does not like to ride in a car-seat. Child whines, wriggles, and protests during entire trip.
- **State logical consequence:** "When you make noise, I can't drive. Then we have to wait until it's quiet before we go."
- **Action:** Each time child begins to whine or protest, pull the car to the side of the road. Allow extra time when traveling together, and introduce this on a weekend or over a few days when you're not feeling hurried.

***Alternative:***

- **State logical consequence:** "If we get home on time, there'll be time for you to play outside. If you fuss and cry so we can't, there won't be time later on to do something fun."
- **Action:** If child fusses in the car, don't scold. When you get home, say: "Uh-oh, you fussed in the car. Now there's no time for playing. You can decide again next time."

### How do I explain and carry out logical consequences?

Always tell your child about the logical consequences of choices *before* the child misbehaves. The child must know that there is a real decision to be made.

Don't carry out unpleasant consequences when you're angry. Your tone of voice will make this seem more like punishment than a learning experience – and it won't work. Be friendly and matter-of-fact when you explain choices and when you follow through. Don't scold or nag. Be encouraging. If your child has lost a privilege as a logical consequence, make sure the child knows that soon there will be another chance to decide.

Natural consequences speak for themselves. If the child complains about these consequences express your confidence that the child can solve the problem.

### My child has a disability. Will natural and logical consequences work?

Yes! Keep your child's limitations in mind when you plan, explain, and carry out consequences. If your child has limited language comprehension, give simple explanations and consequences. Include older children in a family council when you plan house rules and logical consequences.

### Where can I find help in planning natural and logical consequences?

Some school districts and community agencies offer workshops and materials for the Systematic Training for Effective Parenting (STEP) program. The STEP program teaches specific techniques for using natural and logical consequences and lets parents share their experiences.

A family counselor or psychologist can help you tailor logical consequences to your child's needs. Help may also be available through your child's school – ask the school counselor.

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## Changing Your Child's Behavior: The Behavioral Approach

*Robert J. Bennetti, M.Ed.*

### What is the behavioral approach?

The behavioral approach is a way to change your child's behavior by using basic principles of learning. It is concerned with what your child does – how the child responds to the environment.

The behavioral approach translates inner events – such as emotions – into things that can be observed and measured. To measure "laziness," you can see how long your child takes to finish a job. You can measure "anger" by how often your child fights. To measure "fussiness," you can find out how often your child cries. This approach lets you work to change specific behaviors and determine whether the change happened.

### How does this approach differ from other approaches?

The major difference is the emphasis on behavior. Emotions, thoughts, and feelings are important, but they are hard to observe and difficult to predict, control, or change.

Some other approaches try to change how a child feels or what the child thinks about parents and playmates in the hope that the child's behavior will change. The behavioral approach is more concerned with the child's behavior – the idea is that a *change in behavior will change the way the child thinks or feels.*

Another important difference is the belief that a child *learns* how to behave – that behavior is not caused by underlying drives or characteristics that the child is born with.

### What are some of the principles of the behavioral approach?

The most important behavioral principle is that no behavior occurs in isolation. Behavior doesn't just happen – something else always happens first and sometimes causes the behavior. And there is always a consequence that follows the behavior.

There can be any of three major consequences: the behavior can be rewarded, punished, or ignored. When you reward a behavior it is more likely to occur again. When you punish or ignore a behavior it is less likely to occur again.

Behavior change – *learning* – occurs when you let your child experience the consequences of behavior. Your child is responsible for behavior *and* for the consequences that follow.

Of course, parents have been using rewards and punishments for years. The key is in *how* they are used. To begin with, you must set up rules or expectations for behavior in advance. With your child, review the behavior you expect. Be specific. Then go over the consequences, both negative and positive. The child must clearly understand the consequences of behavior.

By knowing the consequences ahead of time, your child can choose how to behave and must accept the consequences for that behavior. Your child's misbehavior is now the child's problem – not yours. And the reward for the behavior you desire will be the child's to enjoy. This eliminates the need for nagging, scolding, lecturing, and threatening.

The second principle is *consistency*. There is no single parenting skill more important than consistency.

You'll be much more effective in managing misbehavior and teaching your child more acceptable forms of behavior when you respond in a consistent manner. Inconsistency leaves children confused, mistrustful, and more likely to manipulate their parents. Inconsistency also teaches children that one way to get attention – a reward – is through misbehavior.

Consistency means agreeing on what is expected of the child as well as the consequences for both misbehavior and good behavior. It also means that both parents work together as a team.

The final principle is to pay more attention to your child's good behavior and accomplishments and less attention to the misbehavior and failures. It's easy to ignore your child's good behavior and devote your attention to the misbehavior. You can more effectively manage behavior by using the opposite approach. Praise your child as a reward for being cooperative, helpful, or well behaved. Rather than scolding or lecturing, try ignoring your child when the child is disruptive or misbehaving. Ignoring undesirable behavior can be a powerful way of disciplining your child.

**My child has a disability. Will the behavioral approach work?**

It should – the behavioral approach provides some of the most effective techniques to manage behavior. It's easy to learn, easy to teach, and easy to use. And it doesn't rely heavily on the child's verbal ability, so it works with children with even the most severe speech delays or intellectual or sensory impairments. And, since the approach is concerned with how your child *acts*, you'll be the first to know if it works.

**For more information**

- Dreikurs, R., & Soltz, V. 1964. *Children, the challenge.* New York: Hawthorn/Dutton.
- Dinkmeyer, D., & McKay, G. 1973. *Raising a responsible child.* New York: Simon and Schuster.
- Guhl, B., & Fontenelle, D. 1987. *Purrfect parenting.* Tucson: Fisher.

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# Appendix F
# *Family Needs Survey*

Dear Parent,

Many families of young children have needs for information and support. Some needs commonly expressed by families are listed below. It would be helpful to us if you would check (in the boxes on the right) any topics that you would like to discuss. We have provided a place at the end for you to describe other topics not included in the list.

If you choose to complete this form, the information you provide will be kept confidential. If you would prefer not to complete the survey at this time, feel free to keep it for your records.

Child's name ____________________

Person completing survey ____________________

Relationship to child ____________________

Date completed ____________________

*Would you like to discuss this topic?*

| | Yes | No | Unsure |
|---|---|---|---|
| **Information** | | | |
| 1 How children grow and develop. | ☐ | ☐ | ☐ |
| 2 How to play or talk with my child. | ☐ | ☐ | ☐ |
| 3 How to teach my child. | ☐ | ☐ | ☐ |
| 4 How to handle my child's behavior. | ☐ | ☐ | ☐ |
| 5 Information about any condition or disability my child might have. | ☐ | ☐ | ☐ |
| 6 Information about services that are presently available for my child. | ☐ | ☐ | ☐ |
| 7 Information about the services my child might receive in the future. | ☐ | ☐ | ☐ |
| **Family and Social Support** | | | |
| 1 Talking with someone in my family about concerns. | ☐ | ☐ | ☐ |
| 2 Having friends to talk to. | ☐ | ☐ | ☐ |
| 3 Finding more time for myself. | ☐ | ☐ | ☐ |
| 4 Helping my spouse accept any condition our child might have. | ☐ | ☐ | ☐ |

5 Helping our family discuss problems and reach solutions.

6 Helping our family support each other during difficult times.

7 Deciding who will do household chores, child care, and other family tasks.

8 Deciding on and doing family recreational activities.

**Financial**

1 Paying for expenses such as food, housing, medical care, clothing, or transportation.

2 Getting any special equipment for my child's needs.

3 Paying for therapy, day care, or other services my child needs.

4 Counseling or help in getting a job.

5 Paying for baby-sitting or respite care.

6 Paying for toys my child needs.

**Explaining to Others**

1 Explaining my child's condition to my parents or my spouse's parents.

2 Explaining my child's condition to his or her siblings.

3 Knowing how to respond when friends, neighbors, or strangers ask questions about my child.

4 Explaining my child's condition to other children.

5 Finding reading material about other families who have a child like mine.

**Child Care**

1 Locating baby-sitters or respite care providers who are willing and able to care for my child.

2 Locating a day care program or preschool for my child.

3 Getting appropriate care for my child in a church or synagogue during religious services.

**Professional Support**

1 Meeting with a minister, priest, or rabbi.

2 Meeting with a counselor (psychiatrist, social worker, psychologist).

3 More time to talk to my child's teacher or therapist.

**Community Services**

1 Meeting and talking with other parents who have a child like mine.

2 Locating a doctor who understands me and my child's needs.

3 Locating a dentist who will see my child.

**Other**

- Please list other topics or provide any other information that you feel would be helpful to discuss.

- Is there a particular person with whom you would you prefer to meet?

Thank you for your time. We hope this form will be helpful to you in identifying services.

*Family Needs Survey* from Bailey, D. and Simeonsson, R. (1988). "Assessing needs of families with handicapped infants", *Journal of Special Education, 22*(1),117–127. Copyright 1988 by PRO-ED, Inc. Adapted and reprinted by permission.

# Appendix G

# *Information from the Minnesota Paraprofessional Consortium*

*http://ici.umn.edu/para*

## State Laws Regarding Paraprofessionals

**State of Minnesota, Omnibus Education Bill of 1998**
**Article 2, Section 9**

(b) For paraprofessionals employed to work in programs for students with disabilities, the school board in each district shall ensure that:

1. before or immediately upon employment, each paraprofessional develops sufficient knowledge and skills in emergency procedures, building orientation, roles and responsibilities, confidentiality, vulnerability, and reportability, among other things, to begin meeting the needs of the students which whom the paraprofessional works;
2. annual training opportunities are available to enable the paraprofessional to continue to further develop the knowledge and skills specific to the students with whom the paraprofessional works, including understanding disabilities, following lesson plans, and implementing follow-up instructional procedures and activities; and
3. a districtwide process obligates each paraprofessional to work under the ongoing direction of a licensed teacher and, where appropriate and possible, the supervision of a school nurse.

## Guiding Principles for Minnesota Paraprofessionals

These principles were used to guide the development of competencies for Minnesota paraprofessionals during the Minnesota Paraprofessional Retreat in January, 1998:

- Paraprofessionals are respected and supported as integral team members responsible for assisting in the delivery of instruction and other student-related activities.
- The entire instructional team participates within clearly-defined roles in a dynamic, changing environment to provide an appropriate educational program for students.

- To ensure quality education and safety for students and staff, paraprofessionals are provided with a district orientation and training prior to assuming those responsibilities.
- Teachers and others responsible for the work of paraprofessionals have the skills necessary to work effectively with paraprofessionals.
- By recognizing a paraprofessional's training, responsibilities, experience, and skill levels, they are placed in positions for which they are qualified and which effectively and efficiently use their skills to enhance the continuity and quality of services for students.
- Administrators exercise leadership by recognizing paraprofessionals as educational partners.

## Core Competencies for Minnesota Paraprofessionals

The following core competencies are expected of all paraprofessionals working in Minnesota schools. These were developed during the State Paraprofessional Retreat in January, 1998 and are based on the guiding principles listed above. Also being developed are skill assessments, training packages/resources, and other tools that districts can use to support and train paraprofessionals.

### Core Competency Statements

K=Knowledge S=Skill

| **1. Philosophical, Historical, and Legal Foundations of Special Education** | prior to employment | within first 2 weeks | within 45 school days |
|---|---|---|---|
| **K1** A sensitivity to the beliefs, traditions and values across cultures and the effect of the relationships among children, families, and schooling. | | X | |
| **K2** Awareness of the human and legal rights and responsibilities of parents and children/youth as they relate to individual learning needs. | | | X |
| **K3** Understanding of the distinctions between roles and responsibilities of professionals, paraprofessionals, and support personnel. | | X | |
| **K4** Understanding of the purposes and goals of education for all individuals. | | | X |
| **K5** Awareness of responsibilities in a manner consistent with the requirements of law, rules and regulations, and local district policies and procedures. | | X | |
| **S1** Carry out responsibilities in a manner consistent with the requirements of law, rules and regulations, and local district policies and procedures. | | | X |
| Additions: | | | |

| **2. Characteristics of Learners** | prior to employment | within first 2 weeks | within 45 school days |
|---|---|---|---|
| **K1** Awareness of the similarities and differences among the cognitive, communicative, physical, social, and emotional needs of individuals with and without exceptional learning needs. | | | X |
| **K2** Awareness of the effects that exceptional conditions have on an individual's life and family in the home, school, and community. | | | X |
| **K3** Awareness of characteristics and effects of the cultural, linguistic, and environmental background of the child and family. | | | X |
| **K4** Understanding of the effect of medications commonly prescribed for individuals with learning needs. | | X | |
| **K5** Awareness of the educational implications of the above factors. | | | X |
| Additions: | | | |

| **3. Assessment, Diagnosis, and Evaluation** | | | |
|---|---|---|---|
| **K1** Awareness of district's ability to provide for and use the tools of assessment, diagnosis, and evaluation. | | X | |
| **S1** With direction from a professional, make and document observations appropriate to the individual with learning needs. | | | X |
| **S2** Provide objective documentation of observations to appropriate professionals. | | | X |
| Additions: | | | |

| **4. Instructional Content and Practice** | | | |
|---|---|---|---|
| **K1** Awareness of learning styles of individuals. | | X | |
| **K2** Awareness of the demands and expectations of various learning environments. | | | X |
| **K3** Awareness of a variety of instructional and remedial methods, techniques, and materials. | | | X |
| **S1** Establish and maintain rapport with learners. | X | | |
| **S2** Use developmentally and age-appropriate strategies, equipment, materials, and technologies, as directed, to accomplish instructional objectives. | | | X |
| **S3** Under the direction of a professional, assist in adapting instructional strategies and materials according to the needs of the learner. | | | X |

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| | prior to employment | within first 2 weeks | within 45 school days |
|---|---|---|---|
| **S4** Follow written plans, seeking clarification as needed. | | | X |
| Additions: | | | |
| **5. Supporting the Teaching and Learning Environment** | | | |
| **K1** Awareness of the environmental factors that affect teaching and learning, including health and safety issues. | | X | |
| **K2** Awareness of the ways in which technology can assist teaching and learning. | | | X |
| **K3** Understanding of strategies and techniques for facilitating the integration of individuals with learning needs in various settings. | | X | |
| **K4** Awareness by the paraprofessional of how they impact the overall learning environment for students and staff. | | X | |
| **S1** Assist in maintaining a safe, healthy, learning environment that includes following prescribed policy and procedures. | | X | |
| **S2** As directed, prepare and organize materials to support teaching and learning. | | | X |
| **S3** Use strategies that promote the learner's independence. | | | X |
| Additions: | | | |
| **6. Managing Student Behavior and Social Interaction Skills** | | | |
| **K1** Understanding of applicable laws, rules and regulations, and procedural safeguards regarding the management of behaviors of individuals. | | X | |
| **K2** Understanding of ethical considerations inherent in the management of behaviors. | | X | |
| **K3** Awareness of the factors that influence the behavior of individuals with learning needs. | | X | |
| **K4** Awareness of the social skills needed for current and future environments. | | X | |
| **K5** Awareness of effective instructional practices that enhance the development of social skills. | | X | |
| **K6** Awareness of the range and implications of management approaches/strategies that influence the behavior of individual's with learning needs. | | X | |

| | prior to employment | within first 2 weeks | within 45 school days |
|---|---|---|---|
| **K7** Understanding of the district-building behavior management plans for students. | | X | |
| **S1** Demonstrate effective strategies for the management of behaviors. | | | X |
| **S2** Assist in modifying the learning environment to manage behavior. | | | X |
| **S3** Collect and provide objective, accurate information to professionals, as appropriate. | | | X |
| **S4** Use appropriate strategies and techniques in a variety of settings to assist in the development of social skills. | | | X |
| Additions: | | | |
| **7. Communication and Collaborative Partnerships** | | | |
| **K1** Awareness of typical concerns of parents of individuals with learning needs. | | X | |
| **K2** Awareness of the roles of individuals with learning needs, parents, teachers, paraprofessionals, and other school and community personnel in planning an individualized program. | | X | |
| **S1** Use ethical practices for confidential communication about learners with learning needs. | | X | |
| **S2** Under the direction of a professional, use constructive strategies in working with individuals with learning needs, parents, and school and community personnel in various learning environments. | | | X |
| **S3** Follow the instructions of the professional. | | X | |
| **S4** Foster respectful and beneficial relationships between families and other school and community personnel. | | | X |
| **S5** Participate as requested in conferences with families or primary caregivers as members of the educational team. | | | X |
| **S6** Use appropriate educational terminology regarding students, roles, and instructional activities. | | | X |
| **S7** Demonstrate sensitivity to diversity in cultural heritage, lifestyles, and value systems among children, youth, and families. | | | X |
| **S8** Function in a manner that demonstrates the ability to use effective problem solving, engage in flexible thinking, employ appropriate conflict management techniques, and analyze one's own personal strengths and preferences. | | | X |

| | prior to employment | within first 2 weeks | within 45 school days |
|---|---|---|---|
| Additions: | | | |
| **8. Professionalism and Ethical Practices** | | | |
| **K1** Recognition of the paraprofessional as a positive role model for individuals with exceptional learning needs. | | X | |
| **S1** Demonstrate commitment to assisting learners in achieving their highest potential. | X | | |
| **S2** Function in a manner that demonstrates a positive regard for the distinctions among roles and responsibilities of paraprofessionals, professionals, and other support personnel. | | X | |
| **S3** Function in a manner that demonstrates the ability to separate personal issues from one's responsibilities as a paraprofessional. | | X | |
| **S4** Demonstrate respect for culture, religion, gender, and sexual orientation of students. | X | | |
| **S5** Demonstrate a willingness to participate in ongoing staff development, self-evaluation, and apply constructive feedback. | X | | |
| **S6** Demonstrate proficiency in academic skills including oral and written communication. | X | | |
| **S7** Practice within the context of written standards and policies of the school or agency where they are employed. | | X | |
| Additions: | | | |

Core competencies were developed by the Minnesota Paraprofessional Retreat in January, 1998, and are based on the competencies found in: Council on Exceptional Children (1998). *What every special educator must know, 3rd ed.* Minneapolis, MN: Author. They can also be found at — *http://ici.umn.edu/para*.

## Specialized Competencies for Minnesota Paraprofessionals

In addition to the core competencies, the following specialized competencies are expected of paraprofessionals working in specific positions (early childhood, transition to work, behavior management, academic program assistants, and physical/other health impairments). These were developed during the State Paraprofessional Retreat in January, 1998 and are based on the guiding principles listed on page 135. Also being developed are skill assessments, training packages/resources, and other tools that districts can use to support and train paraprofessionals.

## Early Childhood
## Specialized Competency Statements

K=Knowledge S=Skill

| | prior to employment | within first 2 weeks | within 45 school days |
|---|---|---|---|
| **1. Early Childhood, Home Visitor Programs** | | | |
| **K1** Understanding their role as a member of the Individualized Family Service Plan (IFSP) team responsible for developing service plans and education objectives for parents and their children. | | | X |
| **K2** Understanding of their role in listening and communicating with parents to gather information which the service delivery team can build on to meet the needs of the child and family. | X | | |
| **K3** Awareness of health care providers, social services and other resources available in the community to assist parents and their child. | | X | |
| **K4** Understanding their role in enhancing parent interactions with their child by demonstrating effective techniques/materials to stimulate cognitive, physical, social and language development. | | X | |
| Additions: | | | |
| **2. Early Childhood,Center-Based Programs** | | | |
| **K1** Awareness of basic developmental stages, ages 0-5. | | X | |
| **K2** Understanding of their role as a member of the Individualized Family Service Plan (IFSP) team responsible for developing and implementing service plans and education objectives for parents and their children. | | | X |
| **S1** Ability to use developmentally appropriate instructional interventions for curriculum activities in the areas of cognitive, motor, self-help, social/play, and language development for infants and young children ages 0-5. | | | X |
| **S2** Ability to gather information about the performance of children in all areas of development and to share it with professional colleagues. | | X | |
| **S3** Demonstrate competence in preparing and using developmentally appropriate materials, under the direction of a professional. | | X | |
| **S4** Demonstrate an understanding of the paraprofessional's role in communicating and working effectively with parents, other primary caregivers, and team members. | | | X |
| Additions: | | | |

## Transition to Work and Adult Life Specialized Competencies

K=Knowledge S=Skill

| 1. Transition to Work and Adult Life | prior to employment | within first 2 weeks | within 45 school days |
|---|---|---|---|
| **K1** Understanding of the need for transition-related services. | | X | |
| **K2** Awareness of how to access information on community resources available to individuals with disabilities of transition age and their families. | | X | |
| **K3** Understanding of the importance of interagency collaboration. | | X | |
| K4 Knowledge of the ethical and legal standards of conduct in relationships with students, parents, adult service providers, employers, and coworkers. | | X | |
| **S1** Understanding of transition-related assessment strategies and ability to provide team with information useful to the development of transition-related goals and objectives. | | | X |
| **S2** Ability to facilitate and support student involvement in decision making. | | X | |
| **S3** Ability to identify and develop accommodations and natural supports in the work setting. | | X | |
| **S4** Knowledge of and ability to provide instruction and support in leisure skills, social skills, self-determination skills, community mobility skills, and independent living skills. | | | X |
| **S5** Ability to provide instruction and support in work-related behaviors, job-seeking skills, and job-specific skills in school or at a community work site. | | | X |
| Additions: | | | |

## Behavior Management
## Specialized Competency Statements

K=Knowledge S=Skill

| 1. Behavior Management | prior to employment | within first 2 weeks | within 45 school days |
|---|---|---|---|
| **K1** Understanding of personality and social/emotional development. | | X | |
| **K2** Understanding of behavioral/emotional challenges and the interaction with other disabilities. | | X | |
| **K3** Understanding of the need for utilizing formal and informal assessment strategies in obtaining information necessary for educational and behavioral programming for individual students. | | X | |
| **K4** Understanding of the rationale, components, operation and evaluation of the program models in which they are working. | | X | |
| **S1** Ability to document change in learner behavior in both academic and social areas. | | X | |
| **S2** Ability to observe and record pupil behavior utilizing different social rating systems. | | X | |
| **S3** Demonstrate the use of different methods to change and maintain behavior. | | X | |
| **S4** Ability to implement remedial techniques in academic skill areas with learners. | | X | |
| **S5** Ability to use materials designed for skill development in the social areas. | | | X |
| **S6** Ability to collaborate effectively with team members. | | | X |
| Additions: | | | |

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## Academic Program Assistants
## Specialized Competency Statements

K=Knowledge S=Skill

| 1. Academic Program Assistants | prior to employment | within first 2 weeks | within 45 school days |
|---|---|---|---|
| **K1** Knowledge of the paraprofessional's role and function in the specific academic setting. | | X | |
| **K2** Awareness of Minnesota Graduation Standards, including state testing and high standards as outlined in student IEPs. | | X | |
| **K3** Awareness of factors which influence cognitive, social, emotional, and physical development. | | X | |
| **K4** Knowledge of educational terminology related to specific program or age level. | | X | |
| **S1** Ability to instruct students in academic subjects using lesson plans and instructional strategies developed by teachers and other professional staff. | | | X |
| **S2** Ability to gather and record data about the performance and behavior of individual students. | | X | |
| **S3** Ability to confer with special and general education practitioners about individual student schedules, instructional goals, progress, and performance. | | X | |
| **S4** Ability to use developmental and age-appropriate instructional methods and reinforcement techniques. | | | X |
| **S5** Ability to effectively use available instructional resources including technology, as directed by the professional. | | X | |
| **S6** Understanding of various learning styles and the ability to implement corresponding teaching methods. | | | X |
| **S7** Demonstrate the ability to implement techniques to include students in general education as outlined in IEPs. | | | X |
| Additions | | | |

## Physical and Other Health Impairments Specialized Competency Statements

K=Knowledge S=Skill

| **1. Physical and Other Health Impairments** | prior to employment | within first 2 weeks | within 45 school days |
|---|---|---|---|
| **K1** Understanding of specific student environments and learning modification/accommodation strategies. | | X | |
| **K2** Understanding of medical conditions and emergency procedures for specific students, including care for seizures, latex allergies, catheterizations, tracheotomies, gastrostomies, ventilators, etc. | | X | |
| **K3** Understanding of proper storage, documentation, administration, and side effects of specific student medications. (NOTE: specific training is required to administer medication.) | | X | |
| **K4** Awareness of specific student transportation issues and emergency evacuation procedures. | | X | |
| **K5** Awareness of legal and liability issues specific to vulnerable and medically fragile students. | | X | |
| **S1** Demonstrate competence in the use of proper body mechanics for self and specific student when transferring, lifting and positioning that student. | | X | |
| **S2** Demonstrate competence in implementation, safety, and maintenance of all necessary adaptive, assistive, and instructional technology and equipment. | | | X |
| **S3** Certification in age appropriate CPR (infant/child, adult) and Basic First Aid, and the ability to respond appropriately during an emergency situation. | | | X |
| **S4** Ability to properly assist students with activities of daily living, including toileting, feeding, dressing, and mobility. | | | X |
| **S5** Ability to implement strategies that encourage student independence and participation in all areas of development and classroom learning. | | | X |
| Additions: | | | |

Specialized competencies were developed by the Minnesota Paraprofessional Retreat in January, 1998. They can also be found at — ***http://ici.umn.edu/para***

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# References & Resources

# *References & Resources*

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